



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
LANSING



MARIANNE UDOW  
DIRECTOR

June 30, 2007

Kathleen Penak  
Regional Program Manager  
HHS/ACF  
233 N. Michigan Ave.  
Suite 400  
Chicago, IL 60601

Dear Ms. Penak:

The State of Michigan requests its full allotment of Child Care Development Funds for the program period beginning October 1, 2007 and ending September 30, 2009. The enclosed CCDF State Plan complies with the requirements of the Child Care and Development Block Grant Act of 1990, as amended, and the regulations as 45 CFR, Parts 98 and 99.

If you have any questions regarding the State Plan, please contact Lisa Brewer-Walraven, Director, Office of Early Education and Care at (517) 373-4116.

Sincerely,

Marianne Udow

c: Operations Center,  
c/o The Dixon Group



**CHILD CARE AND DEVELOPMENT FUND PLAN**  
**FOR MICHIGAN**  
**FFY 2008-2009**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/07 – 9/30/09. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**(Form ACF 118 Approved OMB Number: 0970-0114 expires 06/30/2009)**

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***OPTIONAL ATTACHMENTS:***

- 3.1.1A DHS-4690-CDC Client Certificate/Notice*
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**AMENDMENTS LOG**  
Child Care and Development Services Plan for Michigan  
For the period: 10/1/07 – 9/30/09

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

**Instructions:**

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

**PART 1**  
**ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

**1.1 Lead Agency Information** (as designated by State chief executive officer)

Name of Lead Agency: *Department of Human Services*  
Address of Lead Agency: *P. O. Box 30037*  
*Lansing, MI 48909*

Name and Title of the Lead Agency's Chief Executive Officer:

*Ismael Ahmed, Director*  
Phone Number: *(517) 373-2000*  
Fax Number: *(517) 335-6106*  
E-Mail Address: Web Address for Lead Agency (if any):  
*www.michigan.gov/childcare*

**1.2 State Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State Child Care Contact (CCDF): *Lisa Brewer-Walraven*  
Title of State Child Care Contact: *Director, Office of Early Education and Care*  
Address: *235 S. Grand Avenue*  
*P. O. Box 30037*  
*Lansing, MI 48909*

Phone Number: *(517) 373-4116*  
Fax Number: *(517) 241-8125*  
E-Mail Address: *brewer-walravenl@michigan.gov*  
Phone Number for child care subsidy program information (for the public) (if any):  
*Customer Service 1-800-444-5364*  
Web Address for child care subsidy program information (for the public) (if any):  
*www.michigan.gov/childcare*

**1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2007 through September 30, 2008. (§98.13(a))

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CCDF: \$ *146.3M*

Federal TANF Transfer to CCDF: \$ *130.0 M*

Direct Federal TANF Spending on Child Care: \$ *32.7 M*

State CCDF Maintenance of Effort Funds: \$ *24.4 M*

State Matching Funds: \$ *43.7 M*

Total Funds Available: \$ *377.1M*

#### **1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ *4.8 M* ( *3.3 %*). (658E(c) (3), §§98.13(a), 98.52)

#### **1.5 Administration of the Program**

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

- ☐ Yes.
- ☒ No. If no, use the table below to **identify** the name and type of agency that delivers services and activities. (If the Lead Agency performs the task, mark “n/a” in the box under “Agency.” If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.)

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	Early Childhood Investment Corporation (ECIC)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Makes the provider payment	n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality activities	Early Childhood Investment Corporation (ECIC)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other:	Michigan Department of Community Health (CCEP)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No (on both)



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	Michigan Department of Education (MASP)	
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If the Lead Agency uses outside agencies to deliver services and activities, **describe** how the Lead Agency maintains overall control.

*The Department of Human Services, as lead agency, contracts with the Early Childhood Investment Corporation (ECIC). ECIC is a statewide public-private corporation that will bring state and private sector resources together to build a comprehensive system of services and supports for Michigan's children and their families. The purpose is to provide ECIC funds to contract for and monitor a variety of programs and services related to quality child care. (These services are listed later in Section 2.3.) The Department maintains overall control through requirements with which the ECIC must comply as laid out in the Establishment Grant Agreement. On a monthly basis, the Department reviews Statements of Expenditures for both ECIC administrative costs as well as for contracted services. In addition, the DHS Director of the Office of Early Education and Care meets regularly with ECIC staff to monitor efforts and address issues as they arise. Further, per the Establishment Grant Agreement, the ECIC is required to submit quarterly reports to the Department. Each report covers the following issues:*

- Complaints*
- Data related to all contracts*
- Materials the contractor has disseminated*
- Outside sources of financing*
- Reports*
- Minutes of Board meetings, committee meetings and workgroup meetings.*

*The Agreement also provides that the Department may request other information it deems necessary to assure compliance. Department staff or its designee may visit the offices of ECIC to review and evaluate the work done under the Establishment Grant Agreement. A report on the activities of the ECIC is prepared for the Michigan Legislature yearly.*

*Interagency agreements with the Michigan Department of Education (MDE) and Department of Community Health (DCH) include language that ensures proper administration of the programs in accordance with CCDF requirements. Agreement language includes reporting components for the following:*

*Department of Community Health:*

- Public health and mental health consultation services*
- Child Care Expulsion Prevention Project (CCEP)*

*The DCH agreement includes a detailed work plan and budget for services to be provided. In addition, extensive quarterly reports are required for each site, with an executive summary. These reports describe the nature and frequency of services delivered, technical assistance and support services provided,*

*collaborative linkages established and any project initiatives.*

*Michigan Department of Education:*

*○ Support of the Michigan After School Partnership (MASP)  
All MASP activities are governed by the MASP Steering Committee. DHS maintains representation on this committee at its quarterly meetings. The Interagency Directors group (Human Services, Community Health, Education, and Labor and Economic Growth) is being used as a communication point within DHS for biannual updates on the work of the Partnership.*

*A year-end summary report on the activities of the Partnership is prepared for the Michigan Legislature each December. This report is accompanied by a cover letter signed by both DHS and MDE directors and is presented at an Interagency Directors group meeting. In addition, quarterly expenditure reports are required for reimbursement under the Interagency Agreement that include supporting documentation.*

#### **1.6 Use of Private Donated Funds**

Will the Lead Agency use private funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- ☐ Yes. If yes, are those funds:
- ☐ Donated directly to the State?
  - ☐ Donated to a separate entity or entities designated to receive private donated funds?

How many entities are designated to receive private donated fund? \_\_\_\_\_

Provide information below for each entity:

Name:  
Address:  
Contact:  
Type:

- ☒ No.

#### **1.7 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children**

1.7.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

- ☒ Yes, and:

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( ☒ ) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(20 %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures. (Not to exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

*The Michigan Department of Education requires that each applicant for either the competitive funding stream (for non-profit agencies) or the state school aid funding stream (for local school districts and charter schools) for our state preschool program, the Michigan School Readiness Program (MSRP), conduct a needs assessment to make sure that the preschool program aligns with the child care options in the local area. Priority is given in each funding stream to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers. MSRP has expanded options in the last two years to allow both districts and agencies to combine two slots for one child, to make a school-day program. Priority is still given to those grantees who offer a work day (child care day option) with wraparound funds.*

*Each year, data is collected on each child who attends MSRP and on his/her eligibility for child care reimbursement if he/she were not enrolled in MSRP.*

☐ No.

1.7.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☒ Yes, and

(30%) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

*The Michigan Department of Education requires that each applicant for either the competitive funding stream (for non-profit agencies) or the state school aid funding stream (for local school districts and charter schools) for*

*our state preschool program, the Michigan School Readiness Program (MSRP), conduct a needs assessment to make sure that the preschool program aligns with the child care options in the local area. Priority is given in each funding stream to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers. MSRP has expanded options in the last two years to allow both districts and agencies to combine two slots for one child, to make a school-day program. Priority is still given to those grantees who offer a work day (child care day option) with wraparound funds.*

*Each year, data is collected on each child who attends MSRP and on his/her eligibility for child care reimbursement if he/she were not enrolled in MSRP.*

☐ No.

- 1.7.3 If the State answered yes to 1.7.1 or 1.7.2, the following **describes** State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

*The Michigan School Readiness Program (MSRP), including competitive and state aid funding streams, provides preschool programs to a maximum of 27,500 four-year-old children at risk of school failure who do not qualify for services in other state or federally funded programs. MSRP provides a high-quality preschool experience to Michigan children for a minimum of 2 ½ hours per day, 4 days per week, and 30 weeks per year. Children enrolled in the full-day option receive a minimum of a school-day length program (about 6 ½ hours/day, depending on local scheduling), 4 days per week, 30 weeks per year. These children count as filling two of the available “slots.” Scientifically based research indicates that children who are provided with the MSRP show significant positive developmental differences when compared to children from the same backgrounds who did not attend a preschool program. Other research shows positive impacts from school-day length programs that also meet the child care needs of families that work.*

*The Pre-K program serves the child development and care needs of children and meets the needs of working parents. The Department of Education provides assurance that at least 50% of the children receiving services live with families whose income is below 250% of poverty. This is an increase from 185% of poverty, to better serve the needs of low-income working families.*

*The Michigan Department of Education, while limited by state policy to provide funding for part-day or school-day education and care, gives preference to grantee applicants who assure that the full-day care needs of families will be met. Many programs offer “wrap-around” child care, funded by tuition and child care subsidy funds. Programs may also refer and/or transport children to other child*

*care providers to meet family preferences. All public school programs provide referrals and/or transportation for wrap-around care (if not on-site care), and many competitive MSRP agencies offer wrap-around care on-site.*

## **1.8 Improper Payments**

### **1.8.1 How does the Lead Agency define improper payments?**

*Improper CDC payments are all funds received by child care providers or clients receiving child care funds through program non-compliance, fraud or system errors. Improper CDC payments also include any authorized payments which are then not used to pay for services.*

### **1.8.2 Has your State implemented strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)**

☒ Yes, and these strategies are:

*Child Development and Care Integrity Plan -- Michigan has developed a comprehensive Integrity Plan that addresses errors, program non-compliance and fraud. The plan reflects an ongoing collaborative commitment between the Child Development and Care Program Office (CDC), the Office of Inspector General (OIG), and the Office of Children and Adult Licensing (OCAL) to strengthen policy and procedures that support program integrity, and provides for continuous monitoring to ensure integrity and accountability within the DHS child care system. The plan links internal activities intended to develop process changes with integrity standards and oversight through measurable performance indicators as well as creating a system for continued feedback from our child care partners. Execution of the plan will generate baseline data to facilitate reliable ongoing accountability monitoring. The plan includes eight core initiatives listed below.*

***1. Amend Child Care Administrative Rules (implementation pending)***  
*Administrative Rules for the CDC Program, R400.5001 et seq., are being amended. The proposed rules will define the administrative process to enable DHS to impose penalties and disqualifications on child care providers or clients receiving child care funds through program non-compliance or fraud. Uniform sanctions will be assigned for providers found to be in non-compliance with the rules. We expect these rules will be promulgated by the end of FY2007. This administrative process is critical to reliably identifying case closures due to fraud and accurately measuring related savings.*

***2. Biannual CDC Client Recertification (implementation pending)***  
*CDC clients will participate in a biannual review that verifies the client's continued eligibility for the CDC program.*

**3. New Hire Data Match (implementation pending)**

*DHS will develop the New Hire Data Match, an easy access CDC eligibility determination desktop tool for DHS staff that will match active CDC clients with Department of Treasury earned income data. Providing this data to DHS workers will facilitate accurate employment verification and improved payment accuracy.*

**4. Office of Internal Audit Pilot Project (implemented/ongoing)**

*FY2007 pilot project will audit CDC provider attendance records for children receiving CDC services for care. Providers found to be in non-compliance with agency policy regarding attendance records will have an opportunity to meet program expectations or risk removal from participation in the program as providers. The results and findings of this pilot will inform expanded audit efforts.*

**5. Office of Quality Assurance CDC Case Readings (implementation pending)**

*This project will measure accurate and complete documentation in the CDC case record (client file) and the provider record. Errors and program non-compliance will be corrected. Identified fraud will result in recoupment of funds and case closure. This project will allow for the DHS to identify and address root causes related to errors, program non-compliance and fraud. The results of quality assurance case reading will inform continuous improvement including revised procedures, policy clarifications and related staff training. It is expected that the project will be expanded in FY2008 and accommodate new federal regulations and requirements within the CDC program.*

**6. Office of Inspector General (OIG) Reverse Wage Match (implemented/ongoing)**

*The OIG will increase assignment of CDC reverse wage match investigations by 30% for FY-07. The reverse wage match process is a data query that matches employment earnings as reported to the Michigan Unemployment Insurance Agency (MUIA) against CDC payment history. The query matches high dollar child care payments for an employment need with low quarterly employee earnings reports to help screen for potentially fraudulent CDC cases. The OIG plans to expand the CDC reverse wage match technology.*

**7. Recoupment and Reconciliation (implementation pending)**

*Currently recoupment and reconciliation for the CDC program is done manually at the local DHS offices for client recoupment. An automated recoupment process is included within the DHS Bridges technology, with its rollout scheduled to begin February 2008. Automation will enable DHS to increase payment receivables and increase actual recoveries of improper payments.*

**8. DHS/CDC Field Council (implementation pending)**

*The Field Council will help review and monitor the activities contained in the CDC Integrity Plan by engaging local office staff in active participation of CDC policy review and program feedback.*

*Other Strategies:*

- *Established specific accounts to track child care client receivables and payments.*
- *Implemented an automated system to recoup over-issuances caused by providers:*
  - Tracks provider over-issuance amounts*
  - Records manual and automated repayments*
  - Produces provider recoupment notices*
  - Automatically deducts a percentage of current CDC payments and applies the deducted amount to the provider's over-issuance balance*
  - Produces reports to assist in crediting recouped monies to the proper accounts*
  - Refers delinquent accounts for tax stop.*
- *Case Review process for local office managers established to review CDC case files and provider files for accuracy.*
- *PINs (personal identification numbers) required for the child care billing process to increase the security of the billing system.*
- *Provider Verification form (DHS-4025) created to provide information about children in care, begin date of care, where care is provided, relative status, and other reimbursements received. Form is signed by both the provider and parent to establish understanding and acknowledgement of child care information. This form is mandatory for all providers.*
- *CDC Fraud Poster created and distributed to all DHS offices, Community Action Agencies, Licensing offices, Michigan State University Extension sites, CCR&R's, etc. to increase public awareness.*
- *Office of Inspector General (OIG)*
  - Use of Reverse Wage Match Report – Matches high dollar child care payments for an employment need with low quarterly employee earnings reports to help screen for potentially fraudulent CDC cases*
  - Penalties for child care fraud that include recoupment of up to 20% from future payments, civil or criminal prosecution, fines and/or imprisonment*
  - Front End Eligibility (FEE) now includes referrals for the child care program. FEE is a fraud detection program to ensure accuracy at case opening for CDC payments as well as accuracy of client verifications that may affect eligibility.*

☐

No. If no, are there plans underway to determine and implement such strategies?

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- ☐ Yes, and these planned strategies are:
- ☐ No.



**PART 2**  
**DEVELOPING THE CHILD CARE PROGRAM**

**2.1 Consultation and Coordination**

- 2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). **Indicate** the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

*Coordination* involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	<b>Consultation in Development of the Plan</b>	<b>Coordination with Service Delivery</b>
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *

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	<b>Consultation in Development of the Plan</b>	<b>Coordination with Service Delivery</b>
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Representatives of local government	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>
Other (See guidance): <i>Early Childhood Investment Corporation (consultation and coordination)</i>  <i>Child and Adult Care Food Program (coordination)</i>  <i>Interagency Migrant Services Commission Migrant Child Taskforce (consultation and coordination)</i>  <i>Michigan Home Based Child Care Council (MHBCCC)( coordination)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\* Required.

**For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts.** Descriptions must be provided for any consultation or coordination required by statute or regulation.

If you have prepared an emergency preparedness plan related to your child care and early childhood development services, attach it as **Attachment 2.1.1.**

***Other Federal, State, local, Tribal and private agencies providing child care and early childhood development services (Coordination)***

*Department of Treasury – electronic funds transfers and payments*  
*Department of Information Technology – interactive voice response and Internet reporting systems*  
*Michigan State Police – criminal history matches*

*Michigan 4C Association and 4C Regional Agencies – Resource and referral services, On-Site Child Care Coordinators, T.E.A.C.H., and child care training to provide statewide child care information, coordination, and outreach for DHS customers and child care providers*

*DHS partners, including the Child Development and Care program office, Head Start State Collaboration Office, Office of Migrant Affairs, Office of Children and Adult Licensing, and Bureau of Community Action and Economic Opportunity are participants of the Interagency Migrant Services Committee (IMSC), Migrant Child Task Force. These partners also participate with the Office of Native American Affairs on the Tribal Child Task Force. Other partners include Michigan Migrant Education, 4C Association, Michigan State University Extension, Telemon Corporation directors and parent representatives (migrant and seasonal Head Start programs). This Task Force consults and collaborates on specific issues to improve the quality of child care and child services for children in migrant families/camps and children from tribal backgrounds.*

***Public Health (Coordination)***

*Department of Community Health (DCH) – Coordinate, through an interagency agreement, for public health consultation services and mental health consultation services (Child Care Expulsion Prevention) to regulated and enrolled child care providers serving children 0-5 (with a special emphasis on children ages 0-3) in designated areas of Michigan. Enrolled providers receive priority for services.*

***Employment services/workforce development (Coordination)***

*Department of Labor and Economic Growth (DLEG) - Coordinate with the Michigan Works! Agencies' Jobs, Education and Training (JET)/Work First Programs designed to establish and maintain a connection to the labor market for TANF recipients and recipients of non-cash child care assistance. Participants are placed into employment and occupationally relevant education and training programs.*

***Public education (Consultation and Coordination)***

*Michigan Department of Education (MDE) – Coordinate through an Interagency Agreement for the Michigan After School Partnership (MASP) to engage the public and private sectors in building and sustaining high quality out-of-school programs and resources. Direct consultation with MDE, Office of Early Childhood Education and Family Services staff on Michigan early childhood programs to gain information and input for the plan.*

***TANF (Consultation and Coordination)***

*Direct consultation with TANF policy staff to ensure accuracy of plan information.*

*TANF funds are used to:*

- *support the CDC subsidy program*
- *provide Direct Support Services to help CDC clients achieve self-sufficiency.*

*Direct Support Services include:*

- *Employment Support Services (i.e. transportation, special clothing, tools, vehicle purchases and vehicle repair)*
- *Family Support Services (i.e. classes and seminars, counseling services and commodities)*

*Provide consumer education about the CDC subsidy program and parental provider choices*

***Indian Tribes/Tribal Organizations***, when such entities exist within the boundaries of the State (Consultation and Coordination)

*Michigan Department of Human Services, Office of Native American Affairs—The CDC program office has partnered with the DHS Office of Native American Affairs in forming the Tribal Child Task Force. This task force primarily focuses on Indian children birth to five years of age. Primary discussion topics include but are not limited to: Head Start, Early Head Start, Child Development and Care Program, Early On®, fatherhood initiatives, oral/physical health, social/emotional development, domestic violence, and the work of the Early Childhood Investment Corporation. Direct consultation with the DHS Office of Native American Affairs director for review and input for the plan.*

***Representatives of local government*** (Consultation and Coordination)

*DHS participates in the Michigan Child Care Task Force (MCCTF) sponsored by bi-partisan legislative representatives. MCCTF provides a statewide monthly forum to learn about and develop strategies for improving early education and care in Michigan. Participating members include:*

- *Early Childhood Investment Corporation*
- *Child care providers and parents*
- *Michigan Department of Education, Office of Early Childhood Education and Family Services*
- *Child and Adult Care Food Program Agencies*
- *Office of Children and Adult Licensing*
- *Head Start*
- *Telemon (Migrant Head Start)*
- *Legislators*
- *Great Start Collaboratives*
- *Child advocacy agencies – Michigan’s Children, Michigan Association for the Education of Young Children, Fight Crime Invest in Kids, Michigan League for Human Services*

- *Community Coordinated Child Care (4C) Association and 4C regional agencies*
- *Local/intermediate school district personnel*
- *Community college early childhood coordinators*
- *School-age Child Care Alliance*
- *Michigan State University Cooperative Extension*
- *League of Women Voters*
- *Community Mental Health*
- *United Way*
- *Michigan Chapter of the American Associate Degree Early Childhood Educators (ACCESS)*
- *Child Care Providers Together Michigan (CCPTM)*

*A public hearing was held to solicit input from all interested parties (including representatives from other state agencies, tribal organizations, advocacy communities, parents, providers, and local government). This public hearing was advertised statewide. Copies of the plan were made available to advocacy groups and the general public on the Internet.*

*DHS is the lead agency in establishing Family Resource Centers in elementary and middle schools in Michigan. Each center pools the community resources of local agencies so families with children in the schools can more efficiently access human services, including child care, that lead them toward stability.*

*Great Start Collaboratives (GSCs) have been established in 21 communities throughout the state. Through contract with ECIC, GSC grantees will conduct community assessments and develop strategic plans for the development of a comprehensive system of early childhood services and supports accessible to all children from birth to kindergarten and their families. Collaboratives are required to have members representing the following: elected government, child care, parents, business leaders, philanthropic and charitable organizations, faith-based organizations, intermediate school districts, local public health, mental health and human services programs, health care system representatives, family/juvenile court, Early On, preschool special education, 4C, MSUE, Head Start, MSRP, and K-16 education.*

***State pre-kindergarten programs (Consultation and Coordination)***

*Michigan Department of Education (MDE), Office of Early Childhood Education and Family Services – Coordinate with the Michigan School Readiness Program (MSRP), statewide preschool programs to four-year-old children who are at risk of school failure and who are not served by other state or federally funded programs. This high-quality preschool experience results in significant positive developmental differences when compared to children from the same backgrounds who did not attend a preschool program. DHS*

*consulted directly with MDE, Office of Early Childhood Education and Family Services staff on any reference of MSRP in this State Plan.*

***Head Start programs (Consultation and Coordination)***

*Direct consultation with the Head Start State Collaboration director for review and input for the plan.*

***Head Start State Collaboration Office –***

- *Coordination and collaboration with thirty-nine Head Start Agencies and twenty-one Early Head Start Agencies that operate regular Head Start and Early Head Start programs statewide*
- *Support of and participation in conferences*  
*Michigan Early Childhood Collaborative Conference*  
*Michigan Oral Health Conference*
- *Regional Child Care/Head Start clusters Managed Care – Keep Head Start Agencies informed on DHS and DCH changes in Medicaid policy*
- *Community Education and Collaboration – Information dissemination to Head Start Agencies, the early childhood communities and child care providers*
- *Family Literacy – Partnered with Center for Family Literacy, Sonoma State University in delivery of cluster training.*

***Programs that promote inclusion for children with special needs (Coordination)***

*ECIC offers a training series in local communities for early childhood professionals and parents which are designed to provide adults with information and training about how to include children with disabilities in regular child care programs.*

***Early Childhood Investment Corporation (Consultation and Coordination)***

*The ECIC is directly involved in both consultation and coordination related to the CCDF plan. The major functions of the ECIC are to:*

- *Select, fund, support and monitor local Great Start Collaboratives (GSCs) to provide universal access to early childhood services and supports;*
- *Serve as a convener and coordination point for all early childhood system development;*
- *Promote early childhood education as an economic imperative/ investment;*

- *Provide technical assistance regarding early childhood system building;*
- *Leverage public and private sector funds to expand the availability and quality of early childhood services; and*
- *Establish an accountability system to measure achievement toward the results, outcomes and performance standards of the Great Start System.*

***Child and Adult Care Food Program (Coordination)***

*Child and Adult Care Food Program—provides reimbursement for meals and snacks meeting CACFP requirements served to enrolled children 0-12 years old, children of migrant workers 0-15 years old, persons with disabilities enrolled in a child care facility serving a majority of persons 18 years of age and younger, children 0-18 years old in emergency shelters, children 0-19 years old in eligible at-risk after school programs and all handicapped children regardless of age in licensed child care centers, group homes and registered family homes. Recruiting efforts have been expanded to ensure inclusion of relative providers.*

***Interagency Migrant Services Commission (IMSC) Migrant Child Taskforce (Consultation and Coordination)***

*Direct consultation with the DHS Migrant Services director for review and input for the plan.*

*The Migrant Child Taskforce is a subcommittee of the IMSC. The focus of this taskforce is to improve the future of Migrant children in Michigan and the education of their caregivers. The taskforce has developed a strategic plan evolving around four priority areas:*

- *Caregiver Education and Training; Increase the supply of trained caregivers who care for the children of Migrant farm workers.*
- *Data and Research; Obtain an accurate and current profile of Migrant children in Michigan, their families, and their caregivers.*
- *Access to Community Resources; Ensure that Migrant children and families have equal access to community services and resources.*
- *Collaboration; Collaborate to improve services for Migrant children and their families.*

***Michigan Home Based Child Care Council (MHBCCC) (Coordination)***

*The Michigan Home Based Child Care Council (MHBCCC) has been created to establish a mechanism for improving the quality of child care provided in home settings in Michigan. The MHBCCC will support providers through a variety of methods aimed at encouraging competence, achieving quality services, and improving provider retention through improved job satisfaction.*



*The MHBCCC will make recommendations to public agencies, public bodies, or public officials regarding regulations, legislation, appropriations, and programs in regards to the system of providing child care in Michigan.*

- 2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of the State's efforts in this area. **Note: Check only ONE.**

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted.  
The draft is included as **Attachment 2.1.2.**
- ☐ **Developed.** A plan has been written but has not yet been implemented.  
The plan is included as **Attachment 2.1.2.**
- ☒ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as **Attachment 2.1.2.**
- ☐ **Other (describe):**

**Describe** the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

*Michigan has established the Early Childhood Investment Corporation (ECIC) as the focal point for assuring that coordination across early childhood programs occurs. ECIC is a statewide public-private corporation that will bring state and private sector resources together to build a comprehensive system of services and supports for Michigan's children and their families. The creation of ECIC was the culmination of a two-year planning process that began in 2002. Michigan used its Early Childhood Comprehensive Systems (ECCS) grant to support the planning process. That planning process was described in detail in the 2006-2007 CCDF State Plan.*

*The ECCS plan which is attached as Attachment 2.1.2, is currently undergoing modification and refinement. An amended version of the ECCS plan is expected by January of 2008.*

**Indicate** whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.



*The ECIC is the organization responsible for ensuring coordination across early childhood systems. Among the responsibilities of the ECIC is to support the building of local early childhood systems through Great Start Collaboratives. To date the ECIC has funded 21 Great Start Collaboratives in communities throughout the state. The goal is to have collaboratives funded in all communities by fiscal year 2010.*

*One of the priorities for the work of the ECIC is to broadly assess the funding streams that support early childhood programs and services in Michigan. In March of 2007, ECIC launched an initiative to map all federal, state, local and private funds that support early childhood services in Michigan. A primary goal of this effort is to develop a comprehensive map of current public and private-sector funding for early childhood programs and services and to analyze the extent and ways in which current funds can support local Great Start Collaborative efforts.*

*While the ECIC analysis of funding streams will guide better coordination of funding streams for early childhood services including child care, there are currently several examples of how CCDF funding is coordinated with other funding streams.*

- Head Start: CCDF funds are used collaboratively with Head Start funds to provide child care before and after the time children spend in Head Start programming.*
- Michigan School Readiness Program (MSRP): MSRP is a preschool program funded by Michigan's Department of Education. CCDF funds are used to provide child care for eligible children before and after MSRP programming.*
- Great Start Collaboratives: The 21 funded Great Start Collaboratives are working to improve comprehensive early childhood systems in the communities they serve. Funding for this work is provided collaboratively and includes some CCDF funds in combination with Michigan Department of Education funding and support from the Kellogg Foundation.*
- T.E.A.C.H. Early Childhood® Michigan: T.E.A.C.H. scholarships are funded through CCDF. Since the project was initiated in 2001, there have been 567 Head Start employees who have received T.E.A.C.H. scholarships to further knowledge in child development and early childhood education.*

**Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

*Head Start: Leadership from both the Head Start State Collaboration Office and the Michigan Head Start Association have worked closely with the Department of Education in the development of Early Learning Standards of Quality for Pre-*

*kindergarten and Infant and Toddler Programs. Both sets of these standards align with Head Start Performance Standards for early learning. As a result, plans for professional development within the field of early childhood whether within the Head Start community or the Michigan Department of Education public instruction community will synergize in a coordinated and complementary manner.*

*Michigan School Readiness Program (MSRP): As described in section 5.2.4, MSRP has incorporated Michigan's Early Learning Guidelines into the services provided for over 15 years. The Longitudinal Study of MSRP is showing a higher level of achievement for at-risk children who attended MSRP programming compared to children who did not benefit from these services. MSRP continually looks for ways to build both sets of early learning guidelines into their professional development opportunities as well as into the curricula of both public and private partners.*

*The 21 Great Start Collaboratives currently being funded by the ECIC are charged with assessing the extent to which each of the following components of a comprehensive early childhood system are in place in their respective communities, and whether there is capacity to achieve the results listed for each component.*

- *Early Education and Care*
  - *Children are ready to succeed in school and life*
  - *Families have access to high quality early care and education*
- *Basic Needs, Economic Security and Child Safety*
  - *Families of infants and young children are economically stable*
  - *Infants and young children live in safe families*
- *Physical Health Care*
  - *Infants and young children and their families are physically healthy*
- *Social Emotional Health Care*
  - *Infants and young children and their families are socially and emotionally healthy*
- *Parent Education and Family Support*
  - *Families support and guide the early learning of their infants and young children*

*In addition, the Great Start Collaboratives will assess the extent to which an infrastructure is in place to achieve these outcomes. One of the pieces of the infrastructure assessment will be the capacity to provide professional development opportunities for service providers. The assessment will consider how Michigan's Early Learning Guidelines can be incorporated into training for all professionals and other service providers.*

*T.E.A.C.H.: The Department of Education is taking the lead to assure that institutions of higher learning in Michigan that offer degrees in early childhood*

*include the early learning guidelines in their course offerings. As a result, teachers and service providers within the Head Start community who benefit from T.E.A.C.H. scholarships will have another avenue to receive training and educational opportunities on the early learning guidelines.*

*The anticipated outcome for all professionals and other service providers described in this section is that they will receive high quality training appropriate to their needs that incorporates the early learning guidelines into their education, thereby improving the early learning and care for children 0 to 5 years of age.*

**Describe** how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

*Part of the ECIC strategic plan will be to work toward increased and sustainable funding to support Great Start Collaboratives. The goal is to assure that communities have resources necessary to support the planning and implementation of comprehensive early childhood systems.*

*One of the key strategies for continued coordination among programs is the work that will be done through four external workgroups of the ECIC. Each workgroup is focused on a specific aspect of a comprehensive early childhood system. Membership is comprised of knowledgeable people in the content area of the committee. Efforts have been made to assure that parents and other consumers of services are active members of each of the workgroups.*

- ***Pediatric and Family Health Committee***

*Charge: The Pediatric and Family Health Committee will provide a forum for shared leadership, coordinated planning and strategic communication to improve the health outcomes for all infants, toddlers, young children and their families in Michigan. The work of this committee concerns: access, quality, standards, capacity, innovation, evidence-based practice/research, workforce development, finance and interface with other components (program and service integration) with a specific focus on addressing racial, cultural and ethnic disparities in the context of this component.*

- ***Child Care and Early Education Committee***

*Charge: The Committee will provide a forum for shared leadership, coordinated planning and strategic communication for the child care and early education component of the Great Start system. The work of this committee concerns: access, quality, standards, capacity, innovation, evidence-based practice/research, workforce development, finance and interface with other components (program and service integration) with a*

*specific focus on addressing racial, cultural and ethnic disparities in the context of this component.*

- ***Early Childhood Social-Emotional Health Committee***  
*Charge: The Committee will provide a forum for shared leadership, coordinated planning and strategic communication to improve the social and emotional health outcomes of all young children and their parents in Michigan. The work of this committee concerns: access, quality, standards, capacity, innovation, evidence-based practice/research, workforce development, finance and interface with other components (program and service integration) with a specific focus on addressing racial, cultural and ethnic disparities in the context of this component.*
- ***Parenting Education and Family Support Committee***  
*Charge: The Committee will provide a forum for shared leadership, coordinated planning and strategic communication to improve the stability and strength of all families of young children in Michigan. The work of this committee concerns: access, quality, standards, capacity, innovation, evidence-based practice/research, workforce development, finance, and interface with other components (program and service integration), with a specific focus on addressing racial, cultural and ethnic disparities in the context of this component.*
- ***Basic Needs and Economic Security Committee***  
*Charge: The Committee will provide a forum for shared leadership, coordinated planning and strategic communication to improve the economic stability and security of all families of young children in Michigan. The work of this committee concerns: access, quality, standards, capacity, innovation, evidence-based practice/research, workforce development, finance and interface with other components (program and service integration), with a specific focus on addressing racial, cultural and ethnic disparities in the context of this component.*

*There is broad based consensus that solid early childhood systems must be in place if all children are to emerge from the first five years of life healthy and ready to succeed. As such, there are currently no anticipated changes in the plans to support this work.*

## **2.2 Public Hearing Process**

**Describe** the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: *May 25, 2007*

Manner of notifying the public about the statewide hearing: *Internet/DHS website*

Date(s) of public hearing(s): *June 14, 2007*

Hearing site(s): *Michigan State University*

*The James B. Henry Center for Executive Development  
3535 Forest Rd.  
Lansing, MI. 48910  
517-353-4350*

How the content of the plan was made available to the public in advance of the public hearing(s): *Internet/DHS website*

A brief summary of the public comments from this process is included as **Attachment 2.2.**

### **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?



Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

*DHS was instrumental in collaborative efforts to develop a strategic plan/blueprint for a comprehensive early childhood system in Michigan. Based on key recommendations from an ECCS grant, the Governor approved the formation of the Early Childhood Investment Corporation (ECIC) in February 2005. One of the major functions of the ECIC is to leverage public and private sector funds to expand the availability and quality of early childhood services. In addition, numerous efforts are in place to bring together leaders from state and local governments, corporate and small business, faith community, law enforcement, educators, parents, providers and experts in early childhood development to ensure that all Michigan children enter kindergarten ready to succeed in school and in life.*

*ECIC is administering CCDF-supported programs and services through an Establishment Grant Agreement with DHS. Included among the programs and services assigned to the ECIC are:*

- o Resource and referral*
- o Accreditation incentives*
- o Professional development and training for child care providers*
- o Parent/provider information*
- o T.E.A.C.H. Early Childhood® Michigan*
- o Early Childhood Workforce Study*

*ECIC contracts with the Michigan 4C Association, Detroit/Wayne County 4C and Child Care Connections/Northwest Michigan 4C to provide resource and referral services--*

*child care information, coordination, and outreach for DHS customers and child care providers. A total of 66,307 referrals are anticipated in FY 2007. Sixty-eight (68) On-Site Child Care Coordinators are located in DHS offices (or a mutually agreed upon location).*

*ECIC also contracts with the Michigan 4C Association for T.E.A.C.H. (Teacher Education And Compensation Helps) services. T.E.A.C.H. Early Childhood® Michigan provides a sequential professional development path for teachers, program directors, and regulated child care providers currently in the early childhood education and care field. A total of 5,142 scholarships have been awarded to providers in 82 of Michigan's 83 counties. Over 35,116 credits have been purchased from participating colleges/universities. Collaborative partnerships are facilitated among scholarship recipients, participating colleges and universities, Michigan Chapter of the American Associate Degree Early Childhood Educators (ACCESS), Project Great Start (University of Michigan professional development grant), child care programs, Head Start/Telemon, child day care licensing and DHS.*

*Through contracts with the Michigan 4C Association and Michigan State University Extension, statewide professional development opportunities are offered to child care providers and parents:*

- The Michigan Child Care Futures Project is designed specifically for people working in the field of early childhood care and education to increase and retain the supply of quality child care services for children in families and communities. The training is publicized, made accessible and delivered through the statewide network of community coordinated child care (4C) agencies. A series of classes are offered (Basic, Inclusive Child Care, Caring for Infants and Toddlers, as well as Migrant In-Camp Aide training) for all provider types, new and existing, and parents of young children. During FY 2007, 2,679 providers are expected to be trained.*
- Better Kid Care (BKC) services provide training for child care providers, potential providers, migrant in-camp aides, and parents to promote an increase in provider/parent knowledge, skills and quality of care provided. Services include: printed materials for child care providers and parents, face-to-face training modules (36-hour curriculum as well as an 18-hour curriculum designed for day care aides and relative care providers), support and mentoring for child care providers, special topic sessions and home visiting educational services. It is expected that 3,877 child care providers will be trained during FY 2007.*
- Incentive payments of \$150 are made available to enrolled child care providers who complete 16 hours of documented child care training. Up to 800 day care aides and relative care providers are expected to receive the incentives during FY 2007.*



- *Scholarships and credential incentives are offered for the full cost of the NAFCC accreditation, NAEYC self-study materials, notification of intent, on-site visit (validation visit) or NAA accreditation. Up to 77 regulated child care providers are expected to receive these scholarships/incentives in FY 2007.*

*An Early Childhood Workforce Study is currently being conducted through contract with Public Sector Consultants, Inc. This study, the first of its kind in Michigan, will establish a baseline foundation of the characteristics generally found in Michigan's early care and education workforce. It will also serve as the basis for a range of child care and education quality initiatives under development by the ECIC and DHS. The Project Steering Group is comprised of early childhood advocacy organizations, state departments, child care providers, ECIC, and other stakeholders. Contract services include research, survey methodology, data analysis, reporting and recommendations. A final report with executive summary is due July 2007.*

*In January 2005, the Joyce Foundation awarded a two-year, \$1 million grant to the Council of Michigan Foundations to fund Early Learning Michigan (ELM), a partnership of seven organizations. The Early Childhood Investment Corporation became a partner to these efforts in 2006. ELM funds helped support the involvement of nongovernmental early childhood advocates and experts in the system building and public awareness efforts happening in the state. The impact of the work supported through this grant is reflected in several key achievements:*

- 1. Most significantly, the Fiscal Year 2007 Michigan budget included an increase of \$10.2 million for early childhood programs, the first increases in funding for early childhood since Fiscal Year 2001.*
- 2. A comprehensive report was completed in April 2007 that laid out a plan for a Quality Rating Improvement System (QRIS) for Michigan.*
- 3. ELM funds supported the involvement of early childhood advocates and experts in developing selection and operational criteria for the 21 Great Start Collaboratives (GSCs) currently funded through the ECIC.*
- 4. Critical components of an effective early childhood system have been developed.*
- 5. A final report from the Professional Development Workgroup is pending.*
- 6. The Michigan Chamber of Commerce Executives and a local Chamber of Commerce have produced a Tool Kit to help local business leaders understand and speak about early childhood from a business perspective.*
- 7. New champions for early childhood services have been recruited from business and law enforcement.*

☐ No.

**PART 3**  
**CHILD CARE SERVICES OFFERED**

**3.1 Description of Child Care Services**

**3.1.1 Certificate Payment System**

**Describe** the overall child care certificate process, including, at a minimum:

(1) a description of the form of the certificate (98.16(k));

*Child Development and Care (CDC) certificates are used to provide notice to both the client and child care provider that child care services have been authorized for individual children. The client receives a Client Certificate/Notice (DHS-4690, Attachment 3.1.1A). The provider receives a Certificate/Notice of Authorization (DHS-198, Attachment 3.1.1B). (Both forms are available in Spanish.) The certificates/notices are sent when eligibility has been determined and payment has been authorized, or when there is a change in the authorization or the authorization is terminated. Both forms list the child's name, authorized pay period begin and end dates, authorized biweekly maximum number of hours and the department pay percentage. In most instances, the certificates/notices are computer generated when payments are authorized or changed.*

(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and

*The Child Development and Care Client Certificate/Notice are issued after payment for care is authorized. Parents are not limited to a department list of providers. They are allowed to choose from all eligible provider types and care settings. Child care providers must meet eligibility criteria for payment; however, parents may select relative care providers or day care aide (in-home) providers and request they be enrolled by DHS as providers, or they may select regulated providers currently licensed or registered by the State of Michigan.*

*Clients who request assistance in finding licensed or registered providers are referred to the 4C agency serving their county or the 4C On-Site Child Care Coordinator.*

(3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services. *Not applicable*



**Attach** a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**. If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

*Policy and Procedures Manuals are located on the web at  
[www.michigan.gov/dhs](http://www.michigan.gov/dhs) or [www.mfia.state.mi.us/olmweb/ex/html/](http://www.mfia.state.mi.us/olmweb/ex/html/)*

Note: Eligibility worker's manuals, policy handbooks, or other printed guidelines for administering a child care subsidy program will be used for reference purposes only. Documents provided by Lead Agencies pursuant to this section will not be uniformly or comprehensively reviewed and will not be considered part of the Plan. All information required to be part of the Plan must continue to be set forth in the Plan.

- 3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ Yes, and the following **describes** the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

☒ No.

- 3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☒ Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

*Limited by enrollment criteria. See Attachment 3.1.3, DHS-220-A, Day Care Aide Provider Application listing enrollment criteria.*

☐ No.

- 3.1.4 Are child care services provided through certificates, grants and/or contracts offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes.

☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

### **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as **Attachment 3.2A**.

The attached payment rates were effective:

- 1/12/97 (child care centers, family and group homes and day care aides),
- 10/08/00 (for the Infant/Toddler Incentive for infant/toddler care in centers, family and group homes), and
- 12/28/02 (relative care provider rate change).

*The Michigan Legislature extended the infant/toddler incentive payments through FY 2007. Attachment 3.2A shows the per hour infant/toddler incentive payments made to providers caring for DHS-funded children under 2 ½ years old, effective 10/08/00.*

**Provide** a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): *August 2007*

- A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2B**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (**See Guidance for additional information.**)

*See attachment 3.2B*

- Does the Lead Agency use its **current** Market Rate Survey (a survey completed within the allowable time period –10/1/05 -9/30/07) to set payment rates?

☐ Yes.

☒ No.

**MICHIGAN**  
STATE PLAN FOR CCDF SERVICES  
FOR THE PERIOD 10/1/07 – 9/30/09

**At what percentile of the current Market Rate Survey is the State rate ceiling set?** If you do not use your current Market Rate Survey to set your rate ceilings or your percentile varies across categories of care (e.g., type of setting, region, age of children), describe and provide the range of variation in relation to your current survey. (See **Guidance for additional information.**)

*The following table shows the percent of providers charging current DHS payment rates or less. All figures were calculated using hourly rates reported by providers in response to the 2007 market rate survey.*

CURRENT RATES* AS PERCENTILE OF MARKET RATES												
	AREA I		AREA II		AREA III		AREA IV		AREA V		AREA VI	
	<2 1/2	>= 2 1/2	<2 1/2	>= 2 1/2	<2 1/2	>= 2 1/2	<2 1/2	>= 2 1/2	<2 1/2	>= 2 1/2	<2 1/2	>= 2 1/2
Centers	0%	0%	50%	25%	22%	19%	0%	0%	40%	0%	14%	6%
Family Homes	28%	25%	18%	18%	29%	23%	33%	38%	44%	4%	48%	13%
Group Homes	26%	25%	36%	42%	39%	24%	23%	8%	35%	7%	46%	27%
Aides	20%	40%	36%	26%	47%	39%	67%	50%	35%	40%	46%	38%
Relatives	47%	40%	25%	35%	71%	70%	17%	14%	57%	37%	67%	62%

range of percentiles: 0% - 71%

overall average percentile: 31%

\* Current rates include infant/toddler incentives for centers and homes, but not for aides and relatives.

- How the payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey (i.e., describe the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

*Michigan allows parents to choose from a full range of care settings. These settings include center and home based care options as well as care in the child's home.*

*Current caseload statistics show that 35% of the total cases served by the Child Development and Care Program are using regulated care, while 65% are choosing care by enrolled relatives and day care aides. This indicates that parents have access to all types of care settings.*

*Michigan policy allows parents to utilize the basic DHS subsidy as partial payment for care costs that exceed the rate maximums. This allows parents the option to choose more costly care settings by paying a larger copay.*

*The Michigan Legislature appropriates federal and state money for the child care program and establishes child care rates. Child care rates are based on the level of state and federal funding available. Statewide budget constraints have not allowed for an increase in provider rates.*

- Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

☐ Yes. If, yes, **describe**.

☒ No.

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☒ Yes. If yes, **describe**:

*The Michigan Legislature approved the infant/toddler incentive payments in 2001 and has extended the infant/toddler incentive payments through FY 2007. Attachment 3.2A shows the per hour infant/toddler incentive payments made to providers caring for DHS-funded children under 2 ½ years old, effective 10/08/00.*

*The incentive is automatically given to centers, family and group homes caring for infants and toddlers based on the training requirements for these provider types. Day care aides and relative care providers must complete 16 hours of training to qualify for the additional incentive.*

☐ No.

### **3.3 Eligibility Criteria for Child Care**

#### **3.3.1 Age Eligibility**

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes, and the upper age is *17 (or 18 for a full-time high school student expected to graduate before age 19).*

☐ No.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

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☒ Yes, and the upper age is *17 (or 18 for a full-time high school student expected to graduate before age 19).*

☐ No.

### 3.3.2 Income Eligibility

**Complete** columns (a) and (b) in the matrix below. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

			IF APPLICABLE	
Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	Income Level, lower than 85% SMI, if used to limit eligibility	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	<i>3,100</i>	<i>2,635</i>	<i>1,607</i>	<i>52%</i>
2	<i>4,054</i>	<i>3,446</i>	<i>1,607</i>	<i>40%</i>
3	<i>5,008</i>	<i>4,257</i>	<i>1,990</i>	<i>40%</i>
4	<i>5,962</i>	<i>4,068</i>	<i>2,367</i>	<i>40%</i>
5	<i>6,916</i>	<i>5,878</i>	<i>2,746</i>	<i>40%</i>

If the Lead Agency does not use the SMI from the most current year, **indicate** the year used:

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective: *2/01/03*

How does the Lead Agency define “income” for the purposes of eligibility? Describe and/or include information as **Attachment 3.3.2.** (§§98.16(g)(5), 98.20(b))

*Income means benefits or payments measured in money:*

- *Earned Income means income received from another person or organization or from self-employment for duties that were performed for remuneration or profit.*
- *Unearned Income means all income that is not earned income*

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- Is any income deducted or excluded from total family income (for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

☐ Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

☒ No. *Generally, all income received is counted, except that which is specifically excluded, i.e. students' earnings*

- Is the income of all family members included?

☒ Yes. *The income of all program group members is included.*

☐ No. If no, **describe** whose income is excluded for purposes of eligibility determination.

### 3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

Does the State choose to provide child care to children in protective services, as defined in Appendix 2? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☒ Yes.

☐ No.

Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Yes.

*Families with open protective services cases are categorically eligible (without an income determination). CDC payments may only be made for child care services for family preservation and only if it is required by a protective services case plan.*

☐ No.

☐ Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

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Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

☒ No.

### 3.3.4 Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions?  
(658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

*Family Independence Program (FIP) recipients and SSI recipients, licensed foster parents, prevention and children's protective services families are categorically eligible (without an income determination). Eligibility for all other families is based on gross monthly income.*

*As a condition of eligibility, income eligible applicants are responsible for pursuing other benefits for which they may be eligible, such as child support and Unemployment Compensation Benefits.*

*Children needing child care must be either U.S. citizens or have an acceptable alien status.*

*The need for child care services must be verified and exists only when each parent/substitute parent is unavailable to provide the child care because of one or more of the following need reasons:*

- *Family Preservation,*
- *High School Completion,*
- *An Approved Activity,*
- *Employment*

☐ No.

## **3.4 Priorities for Serving Children and Families**

3.4.1 Complete the table below regarding eligibility conditions and priority rules. For columns (a) through (d), check box if reply is "Yes". Leave blank if "No". Complete column (e) if you check column (d).

Eligibility	(a)	(b)	(c)	(d)	(e)
-------------	-----	-----	-----	-----	-----

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Category	Guarantee subsidy eligibility	Give priority over other CCDF-eligible families	Same priority as other CCDF-eligible families	Is there a time limit on guarantee or priority?	How long is time limit?
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families receiving Temporary Assistance for Needy Families (TANF)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- 3.4.2 **Describe** how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs and (b) children in families with very low incomes. Terms must be defined in Appendix 2. (658E(c)(3)(B))

*The Child Development and Care Program currently serves all eligible applicants for the child care program, therefore, Michigan does not have a waiting list.*

- 3.4.3 **Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

*The Michigan Legislature establishes rules for child care services. The goal of the Child Development and Care Program is to preserve the family unit and to promote economic independence and self-sufficiency. Currently all eligible applicants are served, including all TANF recipients and families transitioning off TANF.*



*Transitional CDC benefits extend for six pay periods following the last month of receipt of TANF benefits, with the client moving to income eligibility following transitional CDC. All TANF recipients are eligible for transitional CDC benefits, and the vast majority is eligible for child care services under the income eligibility criteria, which extend to approximately 139% of the federal poverty guideline.*

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☐ Yes, and the additional priority rules are: (Terms must be defined in Appendix 2)

☒ No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

☒ Yes.

☐ No.

3.4.6 Does the Lead Agency maintain a waiting list?

☐ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?

☒ No.

### **3.5 Sliding Fee Scale for Child Care Services**

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as **Attachment 3.5.1**.

The attached fee scale was or will be effective as of 02/01/2003.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☐ Yes, and the following **describes** any additional factors that will be used:

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☒ No.

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒ Yes.

☐ No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2.**

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: *\$1,990.*

The Lead Agency must **select ONE** of these options:

- ☐ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- ☒ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

*Family Independence Program (FIP) Related -- the child needing care or the parent/substitute parent of the child needing care:*

- o Is receiving FIP or SSI benefits or received FIP within the last 6 CDC biweekly pay periods and needs child care.*
- o Is applying for FIP and needs child care for an approved training activity.*

*Protective and Preventive Services -- the child needing care is a member of a family who has an active preventive or protective services case and needs child care for family preservation.*

*Foster Care -- the child needing care has an active DHS foster care case and needs child care.*

*All of the above families must have a valid need reason as defined in Appendix 2.*

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3.5.4 Does the State allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

☒ Yes.

☐ No.

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) were determined to be affordable: (§98.43(b)(3))

*Attachment 3.5.1 shows Michigan's current sliding fee scale. The income eligibility scale, as required by regulation, provides for cost sharing by families that receive CCDF services. The scale is based on income and the size of the family. The sliding fee scale currently provides services to families up to approximately 139% of the federal poverty guidelines. The majority of CDC families pay less than 10% of their income toward child care expenses*

**PART 4**  
**PARENTAL RIGHTS AND RESPONSIBILITIES**

**4.1 Application Process / Parental Choice**

4.1.1 **Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). At minimum, the description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- What documentation parents must provide
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

**Attach** a copy of your parent application for the child care subsidy program. If the application is available on the web, provide the appropriate Web site address (application must still be attached to Plan):

*Parents are informed of the Child Development and Care Program and child care options through the outreach efforts of 4C agencies and the 4C Association, Head Start, Michigan State University Extension, Michigan School Readiness Program and DHS offices. DHS publications provide information about child care services and child care options and are available to parents upon request. Services are available in all 83 Michigan counties. Parents can also find information about child care services and child care options, including applications, on the DHS public website at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).*

*The Child Development and Care (CDC) Application (DHS-4583, Attachment 4.1.1(a)) is available on the web (in English and Spanish) and may be obtained at DHS offices. It is also available at Michigan Works! Agency offices that operate the employment and training programs. Applicants may also use the Assistance Application (DHS-1171, Attachment 4.1.1(b)) to apply for child care services. Applications for child care services are made on department forms and are submitted to DHS offices for processing. The applicant is the primary source for obtaining information on the application. The applicant may need to be seen in person prior to the application being approved by the DHS office.*

*If the applicant is incapacitated or there is an emergency, an authorized representative designated by the applicant may sign the application. An applicant who is unable to write may sign with an "X" witnessed by one other person who is able to sign the application.*

*The applicant is required to verify:*

- *Identity of the applicant and/or authorized representative*
- *Social security number of the applicant (eligibility cannot be denied solely because the SSN is not provided)*
- *Alien status of each child needing care that is not a U.S. citizen.*
- *Need reason*
- *Countable income, if income eligible*
- *Presence of children, if questionable.*

*Family Independence Specialists and Eligibility Specialists determine eligibility for child care services and authorize payment. Currently redeterminations are conducted every twelve months.*

*Parents receiving TANF benefits are informed about the exception to individual penalties:*

- *At application, redetermination, and when a change in circumstances occurs*
- *Through policy contained in Program Eligibility Manual (PEM) 230A, Employment and or Self-Sufficiency-Related Activities, or PEM 233A, Failure to Meet Employment Requirements.*

*The following steps have been taken to reduce barriers to initial and continuing eligibility for child care subsidies:*

- *A toll-free number is available for resource and referral.*
- *Contracted On-Site Child Care Coordinators located primarily in DHS offices provide resource and referral services and provider support and recruitment.*
- *Redeterminations are currently required once in a twelve-month period.*
- *Most Publications are available in English and Spanish.*
- *Michigan Assistance and Referral Services (MARS) is a pre-screening tool that provides online information (in English and Spanish) about the Child Development and Care program and allows clients to estimate if they may be eligible for services.*

4.1.2 Is the application process different for families receiving TANF?

☐

Yes. If yes, **describe** how the process is different:

☒ No.

- 4.1.3 The following is a detailed description of how the State ensures parental choice by making sure that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

*Parents are informed through consumer education activities including:*

- *Michigan Cares for Today's Child (DHS Publication 798)*
- *4Steps to Choosing Quality Child Care (DHS Publication 836)*
- *Child Development and Care (CDC) Applicant Instructions (DHS-4640)*
- *Child Development and Care (CDC) Application (DHS-4583)*
- *Assistance Application, Information Booklet (DHS-1171)*
- *DHS public web site ([www.michigan.gov/childcare](http://www.michigan.gov/childcare))*
- *Michigan 4C Association and Regional offices*
- *On-Site Child Care Coordinators primarily in DHS offices*
- *Child Development and Care eligibility staff in DHS offices.*

- 4.1.4 Does the State conduct activities aimed at families with limited English proficiency to promote access to child care subsidies and reduce barriers to receiving subsidies and accessing child care services?

☒ Yes. If yes, **describe** these activities, including how the State overcomes language barriers with families and providers.

- *Interactive voice response system is available in Spanish.*
- *Various applications, forms and publications are available in Spanish.*
- *Some local offices have Migrant specialists for Spanish speaking clients.*
- *DHS provides interpretive services when needed.*

☐ No.

## **4.2 Records of Parental Complaints**

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

*The DHS Office of Children and Adult Licensing (OCAL), Division of Child Day Care Licensing which regulates licensed and registered child care providers, maintains a record of all complaints (from all sources, not just parents) related to allegations of administrative rule or licensing act violations in licensed and registered facilities. Complaints may be filed via the internet, by mail, fax, email, or telephone. Instructions can be found at [www.michigan.gov/dhs](http://www.michigan.gov/dhs).*

*Anyone can obtain a copy of the complaint investigation report under the Freedom of Information Act (FOIA) once the investigation has been completed and has been shared with the licensee/registrant. Complaint investigations with rule violations are available as online PDF files on the DHS web site ([www.michigan.gov/dhs](http://www.michigan.gov/dhs)).*

*The Children's Protective Services Division within DHS maintains a state child abuse and neglect registry. Information regarding substantiated complaints on potential day care aides and relative care providers can be requested by anyone under FOIA. Requested information is made available except for that determined to be protected by the Michigan Child Protection Law, Act No. 238, Public Acts of 1975, as amended.*

#### **4.3 Unlimited Access to Children in Child Care Settings**

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

*Enrolled child care providers must sign a DHS-220-A, Day Care Aide Provider Application or DHS-220-R, Relative Care Provider Application. These forms are signed by the provider applicant and require the provider applicant to certify that the parents of the children in care have unlimited access to their children while they are in care.*

*Licensed child care providers make this same assurance through the Licensing Rules for Family and Group Child Care Homes and the Licensing Rules for Child Care Centers. For homes, the rule is: R 400.1903 (3), "The caregiver shall permit parents of enrolled children to visit anytime during hours of operation." For centers, the rule is: R400.5106 (11), "The center shall permit parents to visit the program for the purpose of observing their children during hours of operation."*

#### **4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: *The Department of Human Services*.

- "appropriate child care":  
*The care is appropriate to the child's age, disabilities and other conditions.*
- "reasonable distance":  
*The total commuting time to and from work and childcare facilities does not exceed three hours per day.*
- "unsuitability of informal child care":  
*Providers not registered/licensed by the Office of Children and Adult Licensing and not meeting DHS enrollment requirements.*
- "affordable child care arrangements":  
*The child care is provided at the rate of payment or reimbursement set by the Michigan Legislature.*



**PART 5**  
**ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF**  
**CHILD CARE**

**5.1 Quality Earmarks and Set-Asides**

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; describes the expected results of the activities and, if the activities have been ongoing, the actual results of the activities. **For the infant and toddler earmark, the State must note in its description of the activities, what is the maximum age of a child who may be served with such earmarked funds (not to exceed 36 months).**

a.) Infants and toddlers:

***1. Department of Community Health (DCH) - Non-TANF State/County agency:***

*An Interagency Agreement with DCH provides for public health consultation services and mental health consultation services (Child Care Expulsion Prevention-CCEP) to licensed/registered and enrolled child care providers. Enrolled providers (day care aides and relative care providers) receive priority for services.*

*CCEP projects provide early childhood mental health consultation for parents and child care providers caring for children (from birth to 5 years--with a special emphasis on children ages 0-36 months) who are experiencing social/emotional behavioral challenges that put them at risk for expulsion from child care. Currently there are 16 CCEP project sites serving 31 counties. Mental health consultation and technical assistance services will impact the social and emotional quality of care and development for an estimated 7,663 children in FY 2007.*

*In addition, during FY 2007, it is anticipated that 152 core social/emotional trainings will be offered, with 1,625 providers, 543 parents, and 432 early childhood educators receiving training.*

*The child care health consultant provides consultation, technical assistance, and training for child care providers and promotes community collaboration to improve health and safety in child care. The expected result of the public health consultation services is training for 450 child care providers.*

***2. Department of Human Services (DHS)- Lead State Agency:***

*Infant and Toddler Incentive Payments -- With the support of the Michigan Legislature in 10-2000, an infant/toddler incentive was approved for child care centers, family and group homes caring for children under age 2½ (30 months). In addition, an incentive is also awarded to relative care providers and day care aides caring for children under the age of 2½ (30 months) once they have completed at least 16 hours of child care training.*

*Since 10-2000, more than 67,000 providers have qualified for the incentive payment. DHS currently has 4,757 providers who qualify for and receive the incentive payments (935 centers, 1,287 family homes, 1,389 group homes, 782 relative care providers and 364 day care aides).*

b.) Resource and referral services:

***1. Child Care Coordinating Council of Detroit/Wayne County, Inc. - Child Care Resource and Referral Service:***

*Through a contract with the ECIC, resource and referral services provide child care information, coordination, and outreach for DHS customers and child care providers. These services are also provided by the Michigan 4C Association and Child Care Connections/Northwest Michigan 4C. Results are included in the resource and referral services referenced in 5.1.4, Other.*

c.) School-age child care:

***1. Michigan Department of Education (MDE) – Non-TANF State agency:***  
*An Interagency Agreement with MDE supports the work of the Michigan After School Partnership (MASP), providing statewide leadership to build and sustain high quality, out-of-school time programs and resources for children and youth in all communities throughout the state.*

d.) Quality Expansion:

***1. Quality Expansion Activities - See Section 5.1.4 for the following activities that are partially supported with earmarked quality expansion dollars:***

- o Early Childhood Investment Corporation*
- o T.E.A.C.H. Early Childhood® Michigan*
- o Michigan Child Care Futures Training – Michigan 4C Association*
- o Michigan 4C Association Resource and Referral*
- o \$150 Incentive Payments – Michigan 4C Association*
- o Michigan State University Extension – Better Kid Care*
- o Public Sector Consultants Inc.*

5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality

activities (not including earmarked funds) during the 1-year period: October 1, 2007 through September 30, 2008:

\$ *15.5M (8.9%)*

- 5.1.3 **Check** each activity the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

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Activity	Check if undertaking/will undertake	Name and type of entity providing activity	Check if this entity is a non-governmental entity?
Comprehensive consumer education	<input checked="" type="checkbox"/>	<i>DHS, ECIC(n)</i>	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input type="checkbox"/>	<i>n/a</i>	<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<i>DHS, OCAL</i>	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<i>MSUE(n), Mi4C(n), CTF(n)</i>	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	<i>Mi4C(n)</i>	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	<i>OCAL, DHS, HSSCO, MDE</i>	<input type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	<i>Mi4C(n), DCH</i>	<input checked="" type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	<i>DCH</i>	<input type="checkbox"/>
Activities that increase parental choice	<input checked="" type="checkbox"/>	<i>Mi4C(n)</i>	<input checked="" type="checkbox"/>
Other activities that improve the quality of child care (describe below).	<input checked="" type="checkbox"/>	<i>Mi4C(n), HSSCO, PSC(n), ECIC(n)</i>	<input checked="" type="checkbox"/>

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Activity	Check if undertaking/will undertake	Name and type of entity providing activity	Check if this entity is a non-governmental entity?
Other activities that improve the availability of child care (describe below).	<input checked="" type="checkbox"/>	<i>Mi4C(n), HSSCO, PSC(n), ECIC(n)</i>	<input checked="" type="checkbox"/>
(§98.51(a)(1) and (2))			

*n=non-governmental entity*

*Department of Human Services (DHS), Office of Children and Adult Licensing (OCAL), Early Childhood Investment Corporation (ECIC), Michigan State University Extension (MSUE), Michigan 4C Association (Mi4C), Head Start State Collaboration Office (HSSCO), Department of Community Health (DCH), Children's Trust Fund (CTF) Michigan Department of Education (MDE) and Public Sector Consultants Inc. (PSC).*

- 5.1.4 For each activity checked, **describe** the expected results of the activity. If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.0

○ *Comprehensive consumer education*

*Department of Human Services – State agency:*

- *“Michigan Child Care Matters” (quarterly newsletter) – 76,000 issues distributed to regulated providers in FY 06.*
- *“Michigan Cares for Today's Child”, DHS Pub-798 (available in both Spanish and English) – 178,897 distributed to CDC families and potential clients in FY 06.*
- *“Provider Handbook and Reporting Instructions for Child Care Providers,” DHS Pub-230 – 55,983 distributed to all provider types in FY 06.*
- *“Accreditation: Added Security When Choosing Child Care,” DHS Pub-626 (available in both Spanish and English) – 8,093 distributed to requestors in FY 06.*
- *“4 Steps to Choosing Quality Child Care,” DHS Pub-836 (available in both Spanish and English) – 275,920 distributed to individuals, families and organizations in FY 06.*

*DHS is expanding access to many of these publications by adding them to the DHS website for on-line availability.*

*Early Childhood Investment Corporation – Other:*

- *“Healthy Child Care” (bimonthly publication) – 106,351 issues distributed to regulated child care providers in FY 06.*
- *“Start” (bimonthly publication) – 528,560 issues distributed to CDC families and relative care providers in FY 06.*

*ECIC will conduct a consumer satisfaction survey on both publications in FY 07.*

○ ***Monitoring compliance with licensing and regulatory requirements***

***DHS, Office of Children and Adult Licensing (OCAL) – State agency:***  
*Administrative support of approximately 75 child day care licensing consultants and area managers. OCAL conducts meetings/trainings for all licensing consultants and area managers to ensure consistency in regulatory enforcement.*

○ ***Professional development, including training, education, and technical assistance***

***Michigan State University Extension – Other, public university:***  
*Better Kid Care (BKC) services (through a contract with the ECIC) provide professional development opportunities for child care providers, potential providers, migrant in-camp aides, and parents to promote an increase in provider/parent knowledge, skills and quality of care provided. Services include: printed materials for child care providers and parents, face-to-face training modules (36-hour curriculum as well as an 18-hour curriculum designed for enrolled day care aides and relative care providers), support and mentoring for child care providers, special topic sessions and home visiting educational services. The expected result is 3,877 child care providers will participate in BKC activities during FY 2007. Services provided through this contract are evaluated by reviewing quarterly reports and meeting with the service provider to discuss contractual concerns and progress.*

***Michigan Community Coordinated Child Care (4C) Association –***  
*Non-governmental community organization:*  
*T.E.A.C.H. (Teacher Education And Compensation Helps), through a contract with the ECIC, provides a sequential professional development path for teachers, program directors, and regulated child care providers currently in the early childhood education and care field. A total of 5,142 scholarships have been awarded to providers in 82 of Michigan’s 83 counties. Over 35,116 credits have been purchased from participating colleges/universities. Collaborative partnerships are facilitated among scholarship recipients, participating colleges and universities, Michigan Chapter of the American Associate Degree Early Childhood Educators*

*(ACCESS), Project Great Start (University of Michigan professional development grant), child care programs, Head Start/Telemon, child day care licensing and DHS.*

*A standard evaluation process was conducted on T.E.A.C.H. Early Childhood® Michigan during April 2006. This evaluation consisted of a program audit by the Child Care Services Association of North Carolina. T.E.A.C.H. successfully completed this audit that included a detailed review of current scholarship models, advocacy efforts, customer service, funding/financial management, and overall program success. Michigan's successful evaluation resulted in a new two-year license to operate T.E.A.C.H. Early Childhood® Michigan through June 2008.*

**Michigan Community Coordinated Child Care (4C) Association** –  
Non-governmental community organization:

*The Michigan Child Care Futures project is a professional development program, provided for under contract with the ECIC, which is designed specifically for people working in the field of early childhood care and education to increase and retain the supply of quality child care services for children. A series of classes (Basic, Inclusive Child Care, Caring for Infants and Toddlers, as well as Migrant In-Camp Aide training) are offered for all provider types, new and existing, and parents of young children. During FY 2007, 2,679 providers are expected to be trained. Services provided through this contract are evaluated by reviewing quarterly reports and meeting with the service provider to discuss contractual concerns and progress.*

**Michigan Community Coordinated Child Care (4C) Association** –  
Non-governmental community organization:

*Contract services with the ECIC provide for incentive payments of \$150 for up to 800 enrolled day care aide and relative care providers during FY 2007 who have completed 16 hours of documented child care training.*

**Children's Trust Fund** – Public, non-profit organization:

*ECIC provided scholarships for child care providers to attend the Supporting Families with Infants, Toddlers and Young Children Conference. Forty-two (42) scholarships were provided for regulated and informal child care providers to attend this November 2006 conference.*

○ **Improving salaries and other compensation for child care providers**

**Michigan Community Coordinated Child Care (4C) Association** –  
Non-governmental community organization:

*T.E.A.C.H. scholarships include a compensation component. Recipients completing an Associate degree scholarship contract with T.E.A.C.H. have shown an overall earnings growth of 9.82%.*

○ *Activities in support of early language, literacy, pre-reading, and early math concepts development*

***Head Start State Collaboration Office (HSSCO) – Other:***

*Family Literacy Partnership Project – In collaboration with the Michigan Library, HSSCO promotes “Michigan Reads!” in all Head Start programs. This program promotes successful reading and literacy skills for preschool children, promotes families reading together, and encourages regular visits to the local library. The HSSCO plans to survey Head Start Directors for feedback on the “Michigan Reads!” project. This information will then be shared with the State Children's Librarian.*

*Collaboration also occurs with the National Center for Family Literacy Project through Sonoma State University to sponsor regional training of all Head Start programs. Four professional development forums were held in Michigan in FY’07. All of the Head Start TA Specialists attended at least one of these forums. Sonoma State University completed an evaluation at each of these forums for the Office of Head Start to be shared with the HSSCO.*

***DHS, Office of Children and Adult Licensing, Division of Child Day Care Licensing – State agency:***

*A Child Day Care Licensing rule revision now requires regulated child care providers to provide 30 minutes of appropriate emergent literacy activities each day. OCAL partnered with Michigan State University Extension and the Michigan 4C Association in developing a DVD and training materials titled “Promoting Emergent Literacy in Licensed Care”. This DVD was designed to help child care providers meet the Michigan child care licensing requirement related to providing 30 minutes of daily literacy activities. Appropriate activities are monitored by on-site visits by licensing consultants.*

***Michigan Department of Education – State agency:***

*The Michigan School Readiness Program (MSRP) is a statewide preschool program for four-year-old children who are at risk of school failure and who are not served by other state or federally funded programs. All MSRP programs must provide strong family involvement/parent education components as well as preschool education.*

*Two extensive evaluations of the Michigan School Readiness Program have been conducted. The on-going longitudinal evaluation is available at [www.highscope.org/Research/state\\_preschool/msrp-Age10.2.pdf](http://www.highscope.org/Research/state_preschool/msrp-Age10.2.pdf). The multi-state evaluation is available at <http://nieer.org/resources/research/multistate/mi.pdf>. Both evaluations show that the Michigan School Readiness Program is effective in*



*increasing children's language, literacy and early mathematics abilities when they enter school. In addition, local programs must assess children's progress while they are in the program.*

○ ***Activities to promote inclusive child care***

***Michigan Community Coordinated Child Care (4C) Association*** – Non-governmental community organization:

*Through a contract with ECIC, a three-part training series is offered to child care providers and parents which is designed to provide adults with information and training on how to care for children with physical and/or emotional special needs as well as how to include these children in regular child care programs. This three-part series provides 16 hours of advanced instruction in each part. It is anticipated that during FY'07 approximately 488 providers and parents will participate in this training. Services provided through this contract are evaluated by reviewing quarterly reports and meeting with the service provider to discuss contractual concerns and progress.*

○ ***Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children***

***Department of Community Health*** – State Agency:

*Early Childhood Mental Health Consultants are facilitating a 12-hour training series covering: (1) the foundations of social-emotional development; (2) challenging behavior; (3) conflict resolution; and (4) caring for the caregiver. This training series is targeted toward child care providers, parents, and other early childhood providers. During FY 2007, 152 core social/emotional trainings will be offered with 1,625 providers, 543 parents, and 432 early childhood educators receiving training.*

*A Child Care Expulsion Prevention (CCEP) evaluation will take place in FY 2007. This evaluation will provide scientific evidence of the efficacy of CCEP and will identify variation in program quality across sites, as well as best practices. Evaluation design includes both summative (outcomes for children, families and providers) and formative analyses (implementation and operational processes) for each site.*

○ ***Activities that increase parental choice***

***Michigan Community Coordinated Child Care (4C) Association, Child Care Connections/Northwest Michigan 4C, and Detroit/Wayne County 4C*** – Child Care Resource and Referral Service:

*Through a contract with the ECIC, resource and referral services provide child care information, coordination, and outreach for DHS customers and child care providers. A total of 66,307 referrals are anticipated in FY 2007. Sixty-eight (68) On-Site Child Care Coordinators are located in DHS offices (or at a mutually agreed upon location). Contract activities are evaluated by reviewing monthly reports and discussions with the contractors.*

○ ***Other activities that improve the quality and availability of child care***

***Michigan Community Coordinated Child Care (4C) Association –***

*Non-governmental community organization:*

*Through a contract with ECIC, scholarships and credential incentives are offered for the full cost of the NAFCC accreditation, NAEYC self-study materials, notification of intent, and the on-site visit (validation visit) or NAA accreditation. Up to 77 regulated child care providers are expected to receive these scholarships/incentives in FY 2007.*

***Public Sector Consultants, Inc.(PSC) – Other:***

*The ECIC has contracted with PSC to perform an Early Childhood Workforce Study. The purpose of the study is to establish a baseline of the characteristics generally found in Michigan's early care and education workforce. It will also serve as the basis for a range of child care and education quality initiatives under development by the ECIC. Surveys will collect information on:*

- . demographic characteristics of providers.*
  - . ranges of pay and staff benefits.*
  - . previous child care experience of staff.*
  - . educational attainment of staff.*
  - . staff job satisfaction.*
  - . preferred topics for professional development, training or workshops.*
- A final report with executive summary and recommendations is due July 2007.*

***Head Start State Collaboration Office – Other:***

*Department of Human Services Recruitment Eligibility Data (F.R.E.D.) aids in the recruitment of TANF eligible children for Head Start/Early Head Start programs. This data helps to provide access to comprehensive services for low-income children, and promotes full enrollment for Head Start agencies.*

***Early Childhood Investment Corporation (ECIC) – Other:***

*Child Care and Early Education External Board Advisory Committee: This committee will provide a forum for shared leadership, coordinated planning and strategic communication for the child care and early education component of the Great Start system. Membership includes*

*child care and education leaders from the public and private sectors. This committee will prepare recommendations for the ECIC Strategic Planning Committee regarding the ECIC work plan in this component area, e.g., access, quality, standards, capacity, innovation, evidence-based practice/research, workforce development, finance, integration with other program and service components.*

## **5.2 Good Start, Grow Smart Planning and Development**

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

**5.2.1 Status of Voluntary Early Learning Guidelines. Indicate** which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three to five year-olds. **NOTE: Check only one box to best describe the status of your State's three-to-five-year-old guidelines.**

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_\_
- ☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1**.
- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1**.
- ☐ **Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1**.
- ☐ **Other (describe):**

**Describe** the progress made by the State in developing, implementing, or revising early learning guidelines since the date of submission of the 2006-2007 State Plan.

*The Michigan State Board of Education approved the Early Childhood Standards of Quality for Prekindergarten in March 2005, as proposed in the previous plan. The document includes Quality Program Standards for Preschool and Prekindergarten Programs and Early Learning Expectations for Three- and Four-Year-Old Children. The document aligns with Grade Level Content Expectations (GLCE) for kindergarten in the areas in which the GLCEs have been approved: English Language Arts and Mathematics. Social studies, science, and the arts are in progress. Michigan Department of Education early childhood staff and curriculum staff meet regularly to assure that alignment and consistency are maintained.*

*Since the submission of the previous plan, Michigan has also completed Early Childhood Standards of Quality for Infant and Toddler Programs. These standards were approved by the Michigan State Board of Education on December 12, 2006. The document for infants and toddlers includes Early Development and Learning Strands for Infants and Toddlers and Quality Program Standards for Infant and Toddler Programs. The two documents together provide a consistent framework for quality standards and children's outcomes from birth until kindergarten entry. The program standards provide the high-quality basis for the proposed Quality Rating and Improvement System.*

If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

☒ Yes. If yes, **name standards.**

*The Early Childhood Standards of Quality for Prekindergarten in March 2005 and the Early Childhood Standards of Quality for Infant and Toddler Programs documents are aligned with the Head Start Child Outcomes Framework and with K-12 content standards.*

☐ No.

If developed, are the guidelines aligned with early childhood curricula?

☒ Yes. If yes, **describe.**

*The early learning expectations for the relevant age group are aligned with the program standards described in each document.*

☐ No.

Have guidelines been developed for children in the following age groups (check if guidelines have been developed):

- ☒ Birth to three. Guidelines are included as Attachment 5.2.1
- ☐ Birth to five. Guidelines are included as Attachment 5.2.1
- ☒ Five years or older. Guidelines are included as Attachment 5.2.1

Efforts to develop early learning guidelines for children that may differ from those addressed in *Good Start, Grow Smart* (i.e., children birth to three or older than five) may be described here.

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

*Early Childhood Standards of Quality for Infant and Toddler Programs:*  
[http://www.michigan.gov/mde/0,1607,7-140-43092\\_6809-151241--,00.html](http://www.michigan.gov/mde/0,1607,7-140-43092_6809-151241--,00.html)  
*Early Childhood Standards of Quality for Prekindergarten:*  
[http://www.michigan.gov/mde/0,1607,7-140-43092\\_6809-103343--,00.html](http://www.michigan.gov/mde/0,1607,7-140-43092_6809-103343--,00.html)  
*Model Standards for Out-of-School Time Programs:*  
[http://www.michigan.gov/mde/0,1607,7-140-43092\\_6809-51984--,00.html](http://www.michigan.gov/mde/0,1607,7-140-43092_6809-51984--,00.html)

- 5.2.2 **Domains of Voluntary Early Learning Guidelines.** Do the guidelines for children three-to-five-years-old address language, literacy, pre-reading, and early math concepts?

- ☒ Yes.
- ☐ No.

Do the guidelines for children three-to-five-years-old address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

- ☒ Yes. If yes, **describe.**  
*Approaches to learning, social and emotional development, intellectual development, creative development, physical development and health, early learning in science, early learning in the social studies, early skills in using technology.*

- ☐ No.

- 5.2.3 **Implementation of Voluntary Early Learning Guidelines.** Indicate the strategies the State used or expects to use in **implementing** its early learning guidelines.

**Check all that apply:**

- ☒ Disseminating materials to practitioners and families

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*Dissemination of the standards is currently through web-posting, electronic notification, distribution of CD-ROMs and conference presentations. Staff in the Office of Early Childhood Education and Family Services continue to provide technical assistance to Michigan School Readiness Programs and others on the new standards and associated implementation issues.*

- ☒ Developing training curricula
- ☒ Partnering with other training entities to deliver training
- ☒ Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- ☒ Other. Describe: *Michigan Department of Education will take the lead with other partners to ensure that institutions of higher education that offer early childhood professional development and degrees include the early learning guidelines in their course offerings. Plans are being developed to offer consistent technical assistance on the two documents so that practitioners statewide can avail themselves of the information.*

<b>Indicate</b> the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.	<b>Indicate</b> the programs that mandate or require the use of early learning guidelines.
<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care	<input type="checkbox"/> Publicly funded (or subsidized) child care
<input checked="" type="checkbox"/> Head Start	<input type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Education/Public pre-k	<input checked="" type="checkbox"/> Education/Public pre-k
<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Early Intervention
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Child Care Resource and Referral
<input checked="" type="checkbox"/> Higher Education	<input type="checkbox"/> Higher Education
<input checked="" type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input checked="" type="checkbox"/> Other. Describe: <i>professional organizations</i>	<input type="checkbox"/> Other. Describe:

*The Early Learning Expectations and associated Quality Program Standards are required in the state-funded prekindergarten program, the Michigan School Readiness Program (MSRP), but highly recommended for all other classroom-based early education and care programs. The expectations and standards also apply to early childhood special education programs under Section 619 of Part B of IDEA.*

How are (or will) cultural, linguistic and individual variations (be) acknowledged in implementation? ? *The early learning guidelines themselves take into account cultural, linguistic, and individual variations among children and families. As the guidelines are used, the various methods for training, technical assistance, and accountability focus on variation needed to serve different children in different settings.*

How are (or will) the diversity of child care settings (be) acknowledged in implementation? *The early learning guidelines for infants, toddlers, preschool and prekindergarten are meant to apply to children in any setting, even their own homes. The program guidelines for preschool apply only to child care centers, although the program guidelines for infants and toddlers are meant to apply to home-based or center-based care. It is clear that we need to complete the program guidelines to include home-based settings that serve preschoolers.*

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address: *Materials not yet developed*

- 5.2.4 **Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:
- (a) Validating the content of the early learning guidelines
  - (b) Assessing the effectiveness and/or implementation of the guidelines
  - (c) Assessing the progress of children using measures aligned with the guidelines
  - (d) Aligning the guidelines with accountability initiatives

*Michigan is involved in an extensive longitudinal study of its Pre-K program, the Michigan School Readiness Program (MSRP). At-risk children who attended MSRP demonstrated a higher level of achievement of the early learning guidelines\* than children who were similarly at-risk and did not attend MSRP. The children who attended MSRP have continued to do better in school through middle school. Because their accomplishment of the early learning guidelines has continued to set them ahead of their peers, this validates the content of the guidelines.*

*Additionally, children enrolled in MSRP prekindergarten programs that met the program standards at a higher level were better prepared for kindergarten. MSRP sites are required to assess children's progress with instruments that reflect the guidelines, but these data are not collected statewide. Because of the alignment between the early learning standards and the program standards, program data are collected statewide, and funding decisions can be based on*



*program data. This provides the structure of the Michigan School Readiness Program accountability system.*

*Michigan is unable to require the program standards for sites it does not directly fund, but intends to use the same standards and program assessment (aligned to the early learning guidelines) as described in the recently completed report recommending a Quality Rating Improvement System.*

*\*The MSRP study began in 1995 and therefore utilized the 1992 version of the early learning guidelines. Changes in 2005 were primarily not substantive, although a section on early learning in technology was added.*

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, provide the appropriate Web site address (reports must still be attached to Plan):

*High/Scope Educational Research Foundation:  
<http://nieer.org/resources/research/multistate/mi.pdf>*

- 5.2.5 **State Plans for Professional Development.** **Indicate** which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box to best describe the status of your State's professional development plan.**

- ☐ **Planning.** **Indicate** whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☒ **Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**.
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**.
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- ☐ **Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- ☐ **Other (describe):**



**Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2006-2007 State Plan.

*Michigan's Professional Development work group was formed in 2004 to formalize a professional development plan for child care providers in Michigan. The workgroup was charged with the following responsibilities:*

- Identify issues and barriers to increased training and education for early childhood professionals;*
- Research effective professional development systems in other states;*
- Use information to define an early childhood professional development pathway; and*
- Engage local constituencies in identification of issues, barriers and solutions.*

*The following recommendations about the priorities for the plan were accepted by the Children's Action Network (CAN) and Children's Cabinet. Each of the recommendations is followed by a brief summary of the work done or the recommendations that have been made for work in the coming three years.*

**1. Conduct a workforce study of existing child care providers:**

*A competitive grant process was established and a contract awarded in April 2006 to conduct the workforce study. The study is nearing completion with the final report due in July 2007. The study will collect statewide data on each of the following elements for child care providers of all types:*

- Demographic characteristics of providers*
- Rates of pay and staff benefits*
- Previous child care experience of staff*
- Staff educational attainment*
- Staff job satisfaction*
- Staff turnover*
- Provider retention policy/strategy*
- Provider recruitment policy/strategy*

*The ECIC and DHS will use the survey results to establish a baseline set of measures of the characteristics generally found in the Michigan early childhood care and education workforce and to support the development of initiatives to strengthen the quality of Michigan's emerging Great Start system. In addition, results from the workforce study may be used to implement and refine a quality rating improvement system, improve child care licensing standards, and review and increase the professional development opportunities for early childhood care*

*and education providers. The results will support comparisons across counties, regions, and with other states for ongoing planning and resource allocation.*

**2. *Develop professional standards, competencies and a career lattice/pathway:***

*The Professional Development Workgroup has recommended that the Michigan Early Childhood Care and Education Career Pathway be adopted and then used in conjunction with the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals as a tool to promote and demonstrate the various levels in which a professional may enter and advance within Michigan's Early Childhood Care and Education Professional Development System.*

*The Professional Development Workgroup has recommended that the support pieces developed be incorporated into a new layout of the "Core Knowledge and Core Competencies" document and that the updated document be posted on the ECIC web site ([www.ecic4kids.org](http://www.ecic4kids.org)) as well as other web sites that offer information and services to early childhood professionals.*

**3. *Develop and implement a Quality Rating Improvement System:***

*A Michigan Quality Rating Improvement Workgroup was established in January 2005. The workgroup reviewed the literature on quality rating systems as well as the work being done in other states to implement these systems. Based on that research and the expertise of the group members, a report was released in May 2007 that sets out recommendations for a Michigan Child Care Quality Rating Improvement System (QRIS). The report will be used by the Early Childhood Investment Corporation and the Department of Human Services in efforts to improve the quality of child care in Michigan.*

**4. *Create/compile a training and educational opportunities directory:***

*The Professional Development Workgroup has assessed the issue of a Training and Educational Opportunities Directory and has made a series of recommendations for such a resource in Michigan. The workgroup recommends that such a Directory be established and that the opportunities be posted on the ECIC website. In addition to the listing of training opportunities, the workgroup recommends that a training registry be established that would track all training and professional development completed by all child care providers in Michigan, and that the records of completion be posted on the ECIC website. ECIC will review the recommendations to determine whether its website or another venue is more appropriate for the posting of this information.*

**5. *Use action teams within community collaborations to meet the needs of the training system:***

*The Professional Development workgroup has recommended that the local Great Start Collaboratives become the locus for developing strategies to support and expand professional development within their respective communities. Through public and private support made available through the ECIC, there are now 21 Great Start Collaboratives (GSC's) in communities throughout the state. A central charge given to the GSC's is to lead local efforts in developing a comprehensive system of*

*early childhood services and supports. Part of that effort will be to work on early education and care issues including the issue of training and professional development for child care professionals. The ECIC will work closely with the collaboratives to improve the quality of training and professional development opportunities for child care professionals.*

**6. *Design a monitoring and oversight entity:***

*In 2005, Michigan established the Early Childhood Investment Corporation (ECIC). ECIC was created through an establishment grant agreement with the Department of Human Services (DHS) to oversee and assure the development and implementation of the Great Start system. The ECIC is charged with responsibilities to coordinate and support early childhood programs and to improve the delivery of services to children from birth to age five and their families. The ECIC administers programs and services assigned by the DHS, including contracting for and administering quality child care services for Michigan, and monitoring and oversight of training and professional development for child care providers throughout Michigan. Currently these professional development services are provided through two statewide, multi-year contracts. ECIC has begun a process to assess training and professional development for child care providers. The process will include the following:*

- Assess a variety of data sets related to child care in Michigan.*
- Gain a better understanding of the needs of the child care provider groups using a focus group methodology.*
- Gain a better understanding of the needs of parents (currently using child care/all child care provider types) using a focus group methodology.*
- Gain a definitive tally of current public funds being used to support child care in Michigan.*
- Develop a shared understanding of the fit between current use of funding for quality child care and child care needs.*
- Develop a plan for funding quality child care that aligns with identified needs and improves children's health, development and learning.*

*This process will be used to inform the ways in which ECIC contracts for professional development services in the future.*

**7. *Integrate training for enrolled caregivers with the parent education and support programs and ensure connection with the career lattice/pathway:***

*The Professional Development Workgroup has made a series of recommendations to improve support and connections to enrolled caregivers. Included in the Workgroup's recommendations is the development of a mandatory orientation program for Day Care Aides and Relative Care Providers; efforts to encourage non-traditional training delivery models that address the unique needs of enrolled providers; development of culturally sensitive informal training opportunities through such venues as playgroups; and engaging local Great Start Collaboratives in the promotion of playgroups and other informal training opportunities for Day Care Aides and Relative Care Providers.*

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If your State has developed a plan for professional development, does the plan include (**Check EITHER yes or no for each item**):

	<b>Yes</b>	<b>No</b>
Specific goals or desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – State for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

Are the professional development opportunities described in the plan available:

**Note: Check either yes or no for each item):**

	<b>Yes</b>	<b>No</b>
Statewide	<input type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

**Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

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Are program or provider-level incentives offered to encourage provider training and education?

- ☐ Yes. If yes, **describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- ☐ No. If no, **describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- ☐ Yes. If yes, **describe** how the professional development plan's effectiveness/goal is assessed.
- ☐ No. If no, **describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

Does the State assess the effectiveness of specific professional development initiatives or components?

- ☐ Yes. If yes, **describe** how specific professional development initiatives or components' effectiveness is assessed.
- ☐ No. If no, **describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- ☐ Yes. If yes, **describe** how assessment informs the professional development plan.

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☐ No. If no, **describe** any plans to include assessment to inform the professional development plan.

**PART 6**  
**HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

**6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

☐

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

☒

No. If no, **describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

*Michigan does not have the authority to regulate child care facilities located on Federal land (military installation or Indian reservation). These facilities are governed by military or tribal licensing rules. There is one other category of child care facilities exempt from regulation under 1973 PA 116. When the parents of the children are on-site and immediately available to the children, licensure is not required. The majority of these on-site child care facilities are located in school facilities, such as teen parent programs.*

6.1.2 Have center licensing requirements as they relate to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

☒

Yes. If yes, **describe** the changes.

*New child care center licensing requirements were effective 12-7-2006. Maximum group size for children between birth and 30-months is 12. Group size for children 30-36 months is 16.*

*All center caregivers are required to complete:*

- *12 clock hours of training annually, and*
- *Blood-borne pathogen training.*

☐ No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

*Michigan recognizes federal and tribal licensing rules*

**6.2 Health and Safety Requirements for Group Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

☒ No. If no, **describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

*Certain group child care homes located on Federal land (military installation or Indian reservation) or where the parents of the children are on-site and immediately available to the children, licensure is not required.*

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☒ Yes. If yes, **describe** the changes.

*Group home licensing rules were changed effective 1-1-2006 to require 10 clock hours of annual training for group home licensees and 5 clock hours of annual training for all assistant caregivers.*



☐ No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training  
*In order to receive payment through the CCDF Program, these legally exempt group homes must certify that they meet any applicable health and safety standards. DHS does not impose additional health and safety requirements on legally exempt group homes.*

**6.3 Health and Safety Requirements for Family Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

☒ No. If no, **describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.  
*Certain family child care homes located on Federal land (military installation or Indian reservation) or where the parents of the children are on-site and immediately available to the children, licensure is not required.*

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☒ Yes. If yes, **describe** the changes.

*Family home licensing rules were changed effective 1-1-2006 to require 10 clock hours of annual training for family home registrants and 5 clock hours of annual training for any assistant caregivers.*

☐ No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

*In order to receive payment through the CCDF Program, these legally exempt family homes must certify that they meet any applicable health and safety standards. DHS does not impose additional health and safety requirements on legally exempt family homes.*

**6.4 Health and Safety Requirements for In-Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

☒ No. If no, **describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

*All day care aides (in-home providers) are exempt from licensing and are enrolled with DHS.*

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes. If yes, **describe** the changes.

☒ No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

*There are statewide campaigns that provide immunization information to parents and child care providers. In addition, printed materials are provided about the importance of infectious disease control and immunizations. Training and training materials are available, both formally and informally, which include information on: communicable diseases – recognizing, controlling and treating infectious diseases, and understanding common childhood illnesses.*

*However, day care aides (in-home providers) are exempt from Michigan licensing rules and are not required to certify that age-appropriate immunizations are complete for children in their care.*

- Building and physical premises safety

*Training materials are made available, both formally and informally, which include information on: fire safety - how to prevent fires and what to do in an emergency, and child safety in the home – how to “childproof” the home and prevent accidents. For day care aides, care is provided in the home of the child, and we do not have rules that regulate the safety of these homes. However, many communities in Michigan have laws regulating health and safety standards for homes.*

- Health and safety training

*Formal training is provided through the Michigan 4C Association, Michigan State University Extension, community colleges, public and private universities, and university extension programs. An incentive payment of \$150 is provided to encourage day care aides to complete 16 hours of training.*

*Bimonthly mailings covering appropriate health and safety topics are sent to families using Child Development and Care services. Topics covered vary by issue and include:*

- *Physical health needs*
- *Growth and development*
- *Safe play*
- *Injury prevention*

○ *Parenting*

## **6.5 Exemptions to Health and Safety Requirements**

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☒ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

*Enrolled relative care providers certify on the DHS-220R, Relative Care Provider Application that "I must provide care in a safe and healthy environment for children".*

## **6.6 Enforcement of Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
  - ☒ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

*Renewal inspections for centers and group homes may be conducted without a definite date, although a period of time in which the visit may occur is given. Renewal inspections occur every 2 years for Group Child Care Homes and Child Care Centers. There is no renewal inspection required for Family Child Care Homes.*

*All complaint investigation inspections are unannounced.*

*A 10% sample of family homes in each county/each year may be scheduled or unscheduled.*

*Interim inspections (every other year) for centers and group homes may be scheduled or unscheduled.*

☐ No.

- Are child care providers subject to background checks?

☒ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

*In centers, the licensee or licensee designee and program director are required to submit to background checks (fingerprint) prior to licensure. All caregivers in child care centers are required to submit to a Michigan criminal history check prior to employment. Family home registrants and group child care home licensees are also required to submit to background checks (fingerprint) prior to registration or licensure. All other adults living in family and group child care homes must undergo a Michigan criminal history check prior to issuance of the registration or license.*

*A criminal background check is also completed on each provider who applies for enrollment as a day care aide or relative care provider as well as any adults living in the home with the relative care provider. If the clearance indicates that the provider or adults living in the home with the relative provider has been convicted of certain crimes, the provider is not enrolled. DHS notifies the provider in writing that they are not eligible for enrollment as a day care aide or relative care provider and cannot receive child day care payments.*

☐ No.

- Does the State require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☒ Yes. If yes, **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

*Centers, group and family home providers are all required to contact the Office of Children and Adult Licensing (OCAL) within 24 hours of a serious accident or injury, and then complete a Notification of Serious*

*Accident/Illness/Injury/Death of a Child form. This form must then be forwarded to the OCAL within 72 hours of the incident. The report is reviewed to determine if a special investigation is required. If so, the information is added to the licensing data base and assigned for investigation.*

☐ No.

- Other methods used to ensure that health and safety requirements are effectively enforced:

*Center-Based/Group Home Providers: An on-site visit is made before a license is issued. A license is issued when the licensing consultant has determined the applicant meets the requirements of the Child Care Organization Licensing Act and child care center/group home licensing rules. The license is effective for two years from the date of issuance. As required by law, the Office of Children and Adult Licensing (OCAL) monitors each provider annually to ensure that quality standards are being met. The OCAL investigates complaints related to alleged licensing rule and act violations.*

*Family Home Providers: The applicant must provide proof of a negative Tuberculosis test for all persons 14-years and older living in the home, three personal references, a furnace inspection, a completed registration information form, and is required to attend an orientation session. He/she signs a Statement of Registration indicating he/she is in compliance with the Child Care Organization Licensing Division Act and all rules for family child care homes. The Office of Children and Adult Licensing (OCAL) processes a protective services and criminal records clearance request for the applicant and all adults living in the home. If the clearances indicate there have been no convictions or involvement in the abuse and neglect of children or adults, and no other problems with compliance have surfaced during the orientation process, the OCAL issues a certificate of registration which is effective for three years. A child care home licensing consultant conducts an on-site visit to the home to assess full compliance with the family child care home rules within 90 days after issuance of the certificate. The OCAL investigates all complaints related to alleged act and rule violations as they are filed. Ten percent of registered family homes are inspected annually.*

*Day Care Aides (in-home) and Relative Care Providers: A protective services (PS) Central Registry (CR) check must be completed on each provider who applies for enrollment as a day care aide or as a relative care provider and on any adult in the relative care provider's home. If the clearance indicates that the applicant or an adult in the relative care provider's home is on the Central Registry as a perpetrator, the applicant is not enrolled as a day care aide or relative care provider. The PS Unit notifies the aide/relative or the adult in the relative's home that he/she is on the Central Registry and of his/her rights to due*

*process. If the PS record is subsequently expunged, the person may reapply for enrollment.*

## **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☒ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☒ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

**PART 7**  
**HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7)*

**7.1 Health and Safety Requirements for Center-Based Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.2 Health and Safety Requirements for Group Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.3 Health and Safety Requirements for Family Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)



- Building and physical premises safety
- Health and safety training

**7.4 Health and Safety Requirements for In-Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ All relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

**7.6 Enforcement of Territorial Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☐ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

☐ No.

Are child care providers subject to background checks?

☐ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

☐ No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes. If yes, **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

☐ No.

Other methods used to ensure that health and safety requirements are effectively enforced:

## **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

**APPENDIX 1**  
**PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

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- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) - *enrolled full or part-time (as defined by the educational institution) and participating in an activity leading to a high school diploma or its equivalent (i.e. General Education Development [GED] and Adult Basic Education [ABE] classes) or English as a Second Language classes, or meeting Michigan Works! Agency, Jobs, Education and Training (JET) participation requirements and demonstrating sufficient progress while participating in an approved DHS/MWA/JET approved activity.*
- *in loco parentis* -- *a person living with the child needing child care services who is:*
  - *a non-custodial parent,*
  - *another related person who acts as a caretaker (responsible for the care) of the child,*
  - *a legal guardian,*
  - *an unrelated adult who is at least age 21 and whose petition for legal guardianship of the child is pending,*
  - *an unrelated adult with whom DHS Children's Services has placed a child subsequent to a court order identifying DHS as responsible for the child's care and supervision.*
- *job training and educational program* -- *an activity leading to a high school diploma or its equivalent (i.e. General Education Development [GED] and Adult Basic Education [ABE] classes) or English as a Second Language (ESL) classes or an approved DHS/MWA/JET approved activity.*
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -- *A court order or a physician's statement verifies that a child is:*
  - *age 13 but under age 18 and*
  - *requires constant care due to a physical, mental or psychological condition; and/or*
  - *supervision has been ordered by the court; or age 18 and requires constant care due to a physical, mental or psychological condition; or a court order, and is a full-time high school student and is reasonably expected to complete high school before reaching age 19.*
- *protective services* -- *a CDC eligibility group with a child whose family has an open children's protective services case and who needs child care services for family preservation:*
  - *because they are required to participate in a treatment activity for a health or social condition or*
  - *because they are unable to provide care due to a health condition for which they are being treated by a physician.*

*Michigan does not provide respite care to children in protective services. This eligibility group does not require an income determination.*

- *residing with -- living in the same household as the parent, except for temporary absences, during the time period for which services are offered.*
- *special needs child - any child who meets the definition of physical or mental incapacity. Michigan does not distinguish between “special needs” for the purposes of payment rates or prioritizing services.*
- *very low income - based on family size, the maximum earnings a family can receive and still remain eligible for Family Independence Program or Food Assistance Program benefits.*

*working (include minimum hours if applicable) - employed or self-employed and receiving money wages, or self-employment profits or sales commissions within six months of employment.*

- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:  
*adult – any person 18 years of age or older, or married, or emancipated by court order.*

*available parent/guardian – the following persons who live in the home who must have a valid need for requesting care:*

- *parent(s) of the child needing care,*
- *step-parent of the child needing care,*
- *foster parent(s) of the child needing care,*
- *legal guardian(s) of the child needing care,*
- *if there is no parent, step-parent, or legal guardian living in the home, the applicant/client*
- *if the only parent or step-parent living in the home is excluded from providing the care, the applicant/client.*

*citizenship – each child receiving child care paid through CCDF must be a U.S. citizen or have an acceptable alien status.*

*employee – a person who works for another person or organization for wages.*

*FIP recipient – a recipient of TANF cash assistance through the Department of Human Services who is not an ineligible grantee.*

*ineligible grantee – a non-parent caretaker who is the grantee for a FIP-eligible child(ren) and is excluded from the FIP group based on his/her choice.*

*need reason – family preservation, high school completion, an approved activity or employment.*

*program group – the following persons who live together, or who are temporarily absent, whose income must be counted in determining eligibility for CDC categories that require an income determination:*

- *each child for whom care is requested; and*

- each child's parent(s), or step-parent(s); and*
- each child's unmarried, under age 18, sibling(s), step-siblings or half sibling(s); and*
- the parent(s) or step-parent of any of the above sibling(s); and*
- any other unmarried child(ren) under age 18 whose parent, step-parent or legal guardian is a member of the program group.*

*relative – a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, adult sibling/step-sibling providing child care in his/her own home, not the home where the child lives.*

*temporary absence – absence of a person is temporary if:*

- his/her location is known; and*
- he/she plans to return; and*
- he/she lived with the group before the absence.*

*A temporarily absent person who otherwise meets the definition of a program group member is considered to be living in the home and his/her income is counted*

Early Childhood Investment Corporation

*Early Childhood Comprehensive System project*

Strategic Plan for Implementation of the Great Start System – Submitted in Federal Bureau of Maternal and Child Health in April of 2005

Great Start System Blueprint				
Component: Access to Health Insurance & Medical Home (Physical Health)				
Result	Goals	Action Steps	Lead Agency	Timeframe
<i>Infants and young children are physically healthy.</i>	Ensure universal health insurance coverage for children birth to 18.	Implement policy change to remove eligibility differences between children eligible for MI-Child and Medicaid.	Michigan Dept. of Community Health (MDCH)	2010
		Expand coverage options for people/families over 200 – 350% of poverty through co-pays, e.g. purchasing pools, county health plans or Three Share plans.	MDCH	County-by-county as GSCs are expanded until 2010
	Provide a medical home (physician relationship) for every child that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective.	Establish standards for a medical home.	MDCH	2006
		Create methods to recognize and assure medical home access to all children 0-5.	MDCH	2006
		Ensure that health care coverage provides for a medical home reimbursement.	MDCH	County-by-county as GSCs are expanded until 2010
		Increase outreach and education about health care plans and coverage options	MDCH	County-by-county as GSCs are



		to families, employers, schools, and anyone who works with young children and families.		expanded until 2010
		Provide for increased reimbursement to medical home providers for children with special health care needs.	MDCH	2008
		All medical homes will provide information to parents about payment options for health and developmental services, including at a minimum, CSHCS.	MDCH	2008
	Create the Michigan Care Improvement Registry to give primary care providers access to patient information, i.e. immunizations, lead test status, etc.	Explore options and funding to expand current Immunization Registry.	MDCH	2006
<i>Families of infants and young children are physically healthy</i>	Create a pre-natal support and services program (MSS type services and supports) for all pregnant women available to them during any pregnancy with referral link to additional services as needed.	Establish a structure for redesign of current MSS/ISS services	MDCH	Completed
		Create work plan and time frames		2005
		Implement plan		2007
	Create mechanisms to provide health and safety related parenting education for parents of children 0-5.	Create/identify materials	Early Childhood Investment Corporation (ECIC)	2007
		Identify persons to provide materials and selection		
		Provide training		

	Increase skills in physical health promotion for all early childhood providers.	Create/identify materials	ECIC	2007
		Identify persons to provide materials and selection		
		Provide training		

Great Start System Blueprint				
Component: Mental Health & Social-Emotional Development (Social-Emotional Health)				
Result	Goals	Action Steps	Lead Agency	Timeframe
<i>Infants and young children are socially and emotionally healthy.</i>	Implement the social-emotional focus area of the state-wide, public awareness plan for the Great Start system.	Create research-based public awareness and education strategies.	MDCH/Surgeon General and ECIC	2006
		Promote awareness on Children's Cabinet regarding the early childhood mental health implications in all new program and policy development.	MDCH	2006
		-Distribute social-emotional developmental wheels and social-emotional development booklet in <i>Ready Kits</i> and to child care providers. -Translate into Spanish and Arabic.	MDCH	2006
		Develop a cost/benefit analysis with target messages.	MDCH & ECIC	2006
	Develop and implement the social-emotional component of the comprehensive personnel development system for the Great Start system.	Build on the Unified System of Learning (USL) to develop a formal, relationship-based, culturally competent system of training	DCH, (Department of Human Services) DHS & Michigan Department of	2008

		and supervision for early childhood mental health specialists and consultants, including: technical assistance; cross-disciplinary mentoring, standards-based and evaluated training.	Education (MDE), Head Start, USL	
		-Survey and compile a database of individuals who are qualified to provide early childhood mental health consultation for child care.	MDCH	2006
		-Expand capacity to provide early childhood mental health consultation services in across early care and education settings (including child, family and provider).	MDCH/Michigan Association for Infant Mental Health (MiAIMH), Head Start	2007
		Identify resources and build capacity re: identification and treatment of maternal depression by primary health care providers. (PHP)	MDCH	2007
		Create a centralized, interactive website on social-emotional health and development.	ECIC & DCH	2007
		Provide joint training and TA at local and state level to CCEP and Head Start MH consultants.	DHS, Head Start and MDCH	2006
	Develop and implement a state-wide data system for the collection and	Establish and maintain a data retrieval system for: the	MDCH	2008

	analysis of information related to social-emotional health.	number of children who receive social-emotional screening (PHP); number of children identified as needing follow-up; number of children referred for further assessment; to whom the child was referred.		
		PHP submit information on completed maternal depression screenings to MDCH.	MDCH	2008
		All public and private mental health and substance abuse treatment providers collect and report to MDCH the date of birth of the children under age six who reside with the parent or primary caregiver receiving treatment	MDCH	2008
		Create a data-base to collect information on: number of children who are expelled from early care and education settings due to social-emotional/behavioral concerns; number of children with significant social-emotional concerns who are not yet at the point of expulsion.	ECIC & MDCH	2009
		Develop items for inclusion in the K-Entry Status	MDCH	2007

		Assessment on social-emotional competencies.		
	Develop and implement a state-wide system for the screening of social-emotional health for infants, toddlers, and young children and provide for referral to appropriate services and supports.	Convene a group of stakeholders to identify a screening tool.	MDCH	2006
		Develop standardized screening method for primary health care providers.	MDCH	2007
		Educate and provide information to PCP by developing and providing consistent, clear, simple guidelines on screening.	MDCH	2007
		Incorporate social-emotional screening into current health assessment tools and guidelines; implement EPSDT policy change.	MDCH	2008
		Develop a mechanism for public and private insurance reimbursement for social-emotional health screening to DCH.	MDCH	2008
		Provide social-emotional screening in all child care settings, in child welfare (foster care, children's protective services) Domestic Violence shelters, homeless shelters, and in Kindergarten.	MDCH & DHS	2009
	Provide a comprehensive, universally	Bring together a	MDCH & ECIC	2006

	accessible, culturally and linguistically competent system of care (mental health/social-emotional health) to promote the social-emotional health of infants, toddlers and young children.	collaborative group to provide leadership in the development of social-emotional health component of Great Start System.		
		Collect data on the availability of maternal depression services in MI (linguistic and culturally appropriate), identify evidence based practices to treat maternal depression, and make recommendation to MDCH to strengthen maternal depression treatment.	MDCH	2007
		Develop and disseminate best practice guidelines for the treatment of maternal depression.	MDCH	2007
		Determine a list of resources, for the treatment of maternal depression for each geographic region of the state.	MDCH	2007
		Implement Integrated Services Models in each CMHSP.	MDCH	2008
		Develop substance abuse treatment services for parents of young children.	MDCH	2009
		Develop the social-emotional health component	MDCH, MDE & ECIC	2006

		of the <i>Standards for Infants and Toddlers in Child care and Early Education</i> .		
		Establish uniform standards for access for young children and their parents/families to CMHSPs	MDCH	2006
		Develop standards of care (evidence-based practice) for mental health treatment and services for children 1-6 years		
		Expand state capacity to provide infant mental health services through CMHSPs.	MDCH	2008
		Develop statewide social-emotional program options that promote social-emotional health and alleviate risk.	MDCH	2007
<i>Families of infants and young children are socially and emotionally healthy.</i>	Provide a state-wide system for depression screening of children (6-12), adolescents (13-18), pre and perinatal women, and other family members of young children.	Select and implement a standardized maternal depression screening approach by (PHP).	MDCH	2007
		Select and implement a standardized depression screening tool for adults (parent/caregivers of children under age six), adolescents and children 6-12 years.	MDCH	2008
		Develop and enforce a policy requiring Medicaid	MDCH	2008

		providers to systematically screen for maternal depression.		
		Develop a mechanism to reach women who are at high-risk for depression and who do not have access to primary health care.	MDCH	2007
	To seek and obtain stable funding for an early childhood mental health system of care.	Request that the Federal government establish a Medicaid billing code for mental health consultation.	MDCH	2009
		Develop a financial analysis in order to determine number of staff to provide effective mental health consultation state-wide.	MDCH & ECIC	2007
		Develop a mechanism for public and private insurance reimbursements for depression screening for women and social-emotional screening of children.	MDCH	2008
		Provide Medicaid funding for a pilot project to place mental health specialists at high volume Medicaid clinics to assist health care providers.	MDCH	2007

Great Start System Blueprint				
Component: Early Care & Education				
Result	Goals	Action Steps	Lead Agency	Timeframe



<i>Families of young children have access to high quality early education and care.</i>	Promulgate licensing rules for child care homes and centers that increase requirements (training, staffing ratios).	Complete promulgation process for family home roles and provide training	DHS	Jan 2006
		Hold public hearings for center rules		July 2005
		Complete promulgation process for center rules and provide training		Spring 2006
	Improve licensing process through streamlining and increased technical support.	Complete technical assistance for draft rules	DHS/ECIC	Fall 2005; TA is ongoing by ECIC
	Define holistic early education and care standards of quality using MDE, Head Start and other research-based standards.	<i>Early Childhood Standards of Quality for Prekindergarten( 3 &amp; 4 center-based)</i>	MDE & DHS	Completed March 2005
		Dissemination with funds from CCDBG		2005-2007
		Complete <i>Early Childhood Standards of Quality for Infants and Toddlers (0-3, centers and homes)</i>		Spring 2006
	Develop and implement the early education and care component of a comprehensive personnel development system for the Great Start system.	-Adopt (state government) the <i>Core Knowledge and Competencies</i> . -Develop a career lattice based on the <i>Core Knowledge and Competencies</i> . -Identify and develop a range of professional development opportunities for each step/level of competency.	ECIC, Children's Action Network (CAN)	2006

		<ul style="list-style-type: none"> <li>-Develop a competency based assessment for the first level (of career lattice) providers.</li> <li>-Two and four-year colleges/universities and high school vocational education will develop a seamless system of articulation.</li> </ul>		
		Develop training and trainer standards that focus on impact and outcomes.	ECIC	2005, ongoing with GSCs
		Create a central registry of training opportunities that meet training standards.	Michigan Coordinated Child Care Association (MI-4C Association), ECIC	2006
		<ul style="list-style-type: none"> <li>Create a system for mentoring and reflective support for individuals providing early education and care.</li> <li>-Explore and work toward the development of consistent curriculum standards for non-teaching bachelor degree programs in infant/early childhood education and family studies.</li> <li>-Develop a certification or</li> </ul>	ECIC	Recommendations complete, approval pending for 2006

		endorsement for non-teaching ECE/Family Studies major equivalent to the Early Childhood (ZA) endorsement. -Revise the Early Childhood (ZA) endorsement to include training on infants and toddlers and early childhood special education	MDE	
	Require a minimum of training and education for all relative care providers and day care aides before they can be reimbursed by DHS.	Define minimum training Develop training Make training available	DHS	2006
	Create public awareness and disseminate consumer education about the importance of quality early education and care.	Create public awareness campaign for Great Start system	ECIC – Communications Office	Fall 2005, ongoing
	Develop & implement quality standards that correlate to a tiered rating system for the range of settings in which early care and education take place	Design instrumentation to measure levels of quality Correlate quality measures with child outcomes.	ECIC	Initial draft by June 2005; Phase in w/ GSCs
	Implement an income-based, state-subsidized program to support universal pre-k.	Research evidence-based pre-k programs Develop program proposal Seek funding Implement program	MDE & DHS	2007
<i>Children are ready to succeed in school and in life.</i>	Implement an annual randomized, stratified sampling system, e.g. the Kindergarten Status Assessment,	Develop Kindergarten Status Assessment tool.	MDE, ECIC	2007
		Secure funding		2007

	statewide to assess children's development within the first six weeks of school entry.	Develop protocols for implementation, data collection and analysis & trial		2008
		Implement state-wide		2010
	Redesign <i>Early On Michigan</i> (Part C of IDEA) to improve child and family outcomes.	Define the problem in terms of the key causes and forces that are impacting Early On.	MDE w/ DCH & DHS	Dec 2005
		Determine the eligible population.		
		Determine the funds that constitute the funding pool for early intervention.		
		Determine the funds that constitute the funding pool for		
		Allocate available resources across the results.		
		Analyze indicators and prepare strategies for system redesign.		
		Determine Shared Purchasing Plan across Result Areas		
		Prepare Strategic Plan and Budget		
	Design a data system that begins at birth and is able to upload to Single Record Student Data-base (SRSD) to follow children's health, growth and development.	Develop plan for data system	ECIC with MDE, CEPI and Dept. of Information Technology (DIT)	2006
		Trial the system		2007
		Implement state-wide		2010

Great Start System Blueprint				
Components: Parenting Education & Family Support				
Result	Goals	Action Steps	Lead Agency	Timeframe
<i>Families of infants and young children are socially and emotionally healthy.</i>	Expand and improve parenting education programs.	ID current models	ECIC	2005
		Review impact data		2006
		Review research		2006
		Make recommendations		2007
		Prepare implementation plan		2008
	Designate and/or establish/create a comprehensive family resource center in every community (not county), in accordance with definition of FRC from Family Support America (FSA)	Seek guidance and input from FSA	ECIC	Phase in w/ GSCs through 2010
		Define a core set of services including: research-based parenting education; activities based on SEARCH Institute Research; culturally and linguistically competent practices; single plan of service; service coordination, etc.		
		Prepare implementation phase-in plan		
		Implement plan		
<i>Families support and guide the early learning of their infants and young children.</i>	Expand resources available primary health care providers on parenting.	Identify current resources	MDCH	2007
		Evaluate impact		
		Examine best practice		
		Prepare recommendations		
		Implement recommendation		
	Promote meaningful parent involvement and leadership in the Great Start System.	Develop education for teachers/staff/administrators	ECIC	2006
		Identify an array of meaningful parent roles/opportunities		2006

		Create trust fund to support Parent Leadership Training Institute (PLTI)		2010
		Develop and implement PLTI.		2007
	Promote and fund research-based home visiting programs that promote literacy and teach parents about developmental progress.	ID current models and Review impact data	ECIC	2007
		Review research		
		Make recommendations		
		Prepare implementation plan		
	Promote knowledge and use of informal and culturally appropriate community resources via community assets guides.	Develop template for guides	ECIC	2007
		Promote use of template by GSCs		
	Create a parent-to-parent mentoring/support program that can be accessed from hospitals, agencies, schools, etc. (no wrong door).	Identify best practices	ECIC	2007
		Develop potential models		
		Identify funding		

The next portion of the *Great Start System Blueprint* concerns infrastructure. It includes Goals and Actions Steps for which the Children's Cabinet, the ECIC and its local counterpart, the Great Start Collaboratives are responsible. Two Children's Cabinet members will be involved in supporting the ECIC and the Great Start Collaboratives through their membership on the ECIC Executive Committee of the ECIC Board of Directors. Additional state government leaders will be members of the ECIC Board of Directors as a whole.

Great Start System Blueprint				
Component: Infrastructure				
Result	Goals	Action Steps	Lead Agency	Timeframe
<i>Communities make infants and young children a priority by investing in families.</i>	Children's Cabinet provides leadership for public sector in developing, implementing and evaluating the Great Start System	Ensure that parents are equal partners in the development and implementation of the Great Start system at the state and local levels.	Children's Cabinet	2005

		Charter a finance task force to design and prepare an implementation plan for stable and sustainable funding.	Children's Cabinet	2005
		Ensure that state-level, early childhood policies (financing, monitoring, quality, etc.) are collaboratively developed, realigned and implemented.	Children's Cabinet	2006
		Provide leadership to develop, integrate and adopt high quality standards for each critical component.	Children's Cabinet	2006
		Provide leadership to develop, implement and maintain a comprehensive cross agency data and information system.	Children's Cabinet	2007
		Enforce accountability for the achievement of child, family and system outcomes and performance standards for the Great Start system.	Children's Cabinet	2007
	ECIC serves as clearinghouse of information, resources and technical assistance for early childhood system building efforts.	Provide TA to local communities focused on early childhood system building	ECIC	2005
		Serve as interactive hub for Great Start system to link information, people and resources	ECIC	2005

		Establish baseline data for Great Start results	ECIC w/state agencies	2006
		Track economic outcome data produced by GSCs	ECIC	2007
		Compile and share state and local evaluation data	ECIC w/ state agencies	2006
		Maintain and support tools targeted to parents.	ECIC	2005
		Develop and support overall framework for comprehensive system of personnel development	ECIC w/ state agencies	2006
		Provide consistent and timely communication.	ECIC	2005
	ECIC serves as the focal point and convener in MI for the development and leadership of the Great Start System.	Identify sufficient resources to expand the Great Start system to every community	ECIC & Children's Cabinet	FY 2010
		Recommend strategies to align publicly funded early childhood programs	ECIC	2007
		Consolidate and operate initiatives to increase the quality of and expansion of early childhood programs	ECIC	FY 2006 and continuing
		Lead messaging campaign re: economic imperative of early childhood investment	ECIC	FY 2006 and continuing
	ECIC partners with and supports local communities through the GSCs	Contract with each ISD in support of a GSC	DHS	2010
		Administer Great Start grants for the GSCs	ECIC	2005 and continuing
		Define expectations for GSCs structure and	CAN subcommittees	July 2005



		governance	ECIC	
		Define and monitor performance standards for GSCs	CAN Subcommittees ECIC	July 2005
		Provide Great Start planning grants	ECIC	Fall 2005 and continuing
	Great Start Collaboratives provide access to the Great Start system services and supports to every child 0-5 and their families by 2010.	Conduct a community needs assessment based on critical components.	GSC	2006 –2010
		Adopt and enact a strategic plan for development and implementation of a comprehensive early childhood system based on critical components.	GSC.	2006- 2010
		Seek additional funds to support the plan.	GSC	2006 – 2010
		Provide a defined and accountable set of resources, services and supports for children with disabilities, delays, special needs or at-risk of same, and their families	Local publicly funded agencies	Current and continuing requirement
		Expand child care quality	GSC	2006-2010
		Evaluate local efforts against established performance measure and outcomes	GSC ECIC	2006 and continuing
		Coordinate and integrate existing early childhood programs across public agencies	ECIC	FY 2006 and continuing

The following is the portion of the *Great Start System Blueprint* that relates to Basic Needs, Economic Security and Child Safety.

Great Start System Blueprint				
Component: Basic Needs, Economic Security and Child Safety				
Result	Goals	Action Steps	Lead Agency	Timeframe
<i>The basic needs of infants and young children are met.</i>	Increase Federal Medicaid and 4E dollars available to support child welfare.	Develop funding partnerships, between the public and private sectors, for the purpose of increasing Medicaid match available.	DHS	Current & ongoing
	Implement recommendations from NGA Policy Academy on Homeless Families and Children.	Children's Cabinet supports implementation plan.	Department of Labor and Economic Development (DLEG)	2006
	Increase the number of qualifying families who apply for and receive the federal Earned Income Tax Credit.	Continue current outreach and education efforts conducted by DHS and Community Action Agency (CAA) staff	DHS, (CAA)	Ongoing
<i>Families of infants and young children are economically stable.</i>	Support families to remove barriers to their self-sufficiency.	Develop and implement a time limited (based on family circumstance), set of self-sufficiency services, based on the "Wrap Around" model.	DHS, D-LEG & Michigan State Housing Development Authority (MSHDA) Workforce Action Network (WAN)	Ongoing
	Governor's Cabinet encourages acceptance of an easier to understand and more accurate definition of self-sufficiency and poverty, as measures of	Prepare definition of self-sufficiency and poverty. Gain broad-based support for definition.	DHS, DLEG, MDE & MDCH	2006

	family well-being and economic security.	Implement definition.		
<i>Infants and young children are safe.</i>	Young children have non-violent conflict resolution skills and are prepared to deal with bullying.	Assemble a curriculum that teaches non-violent conflict resolution and anti-bullying.	MDE	2008
		Gain funding for curriculum.		
		Implement curriculum.		
	Reduce unintentional injury in the home and community.	Continue current health education programs.	MDE, MDCH	ongoing
	Keep children in their communities, schools, and with relatives to achieve permanency more quickly.	Continue efforts to expand the Family to Family Model (F2F) to all counties.	DHS	ongoing

SUMMARY OF PUBLIC COMMENTS  
MICHIGAN CCDF STATE PLAN  
FFY 2008-2009

Section 1.82 Improper Payments

The need for long hours should not be included in this section but should be included in section describing services or eligibility.

Do not include in this section any proposal for a reduction in hours as families and providers cannot afford any more cuts in this area.

Expand definition of improper payments to include payments not used for the intended purpose.

Clarify what a reverse wage match is.

Section 2.1 Consultation and Coordination

Consult with providers as equal partners with other agencies and organizations in efforts to improve child care.

Section 3.2 Payment Rates for the Provision of Child Care

This section should read “rates were effective as of: 1/12/1997 (centers, family and group homes).

This section should also include the affect the current low rates have on choice for families. As payments rates remain low, fewer providers are willing to accept low income families and therefore the provider choices for families is diminished.

This section should also include information about where Michigan rates are in relation to current or most recent Market Rate Survey.

Implement a payment structure based on weekly rates rather than hourly. This is more reflective of what the real costs are to most families using child care.

Consider a tiered reimbursement system to acknowledge and encourage a provider rating system that rewards quality providers who have taken advantage of training opportunities. This language should be included in the state plan.

Section 3.3

13-15 year olds should be eligible for child care services.

Section 3.3.4

Concerns regarding citizenship requirements.

Section 4.4

Travel time should be more than 5-hours per week.

General comments:

Continue to emphasize the use of Wrap Around Care funding which emphasizes the continuity of child centered programs rather than the program centered approach.

DHS should expand funding for training and professional development so that the costs do not become burdensome to child care providers. Include providers in the development of an Early Education System.

## AGENCY MAXIMUM HOURLY RATES WITH INCENTIVES

PROVIDER TYPE	DAY CARE CENTER		FAMILY & GROUP HOMES		RELATIVE CARE PROVIDER		DAY CARE AIDE	
Shelter Area	Child's Age		Child's Age		Child's Age		Child's Age	
	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +
I	\$2.25 + .25*	\$1.90	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
II	\$2.60 + .40*	\$2.25	\$2.00 + .20*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
III	\$2.50 + .15*	\$2.00	\$2.00 + .35*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
IV	\$2.85 + .50*	\$2.25	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.60**	\$1.60
V	\$3.00 + .40*	\$2.25	\$2.25 + .40*	\$2.10	\$2.12**	\$1.97	\$1.60**	\$1.60
VI	\$2.95 + .85*	\$2.50	\$2.50 + .50*	\$2.50	\$2.35**	\$2.35	\$1.60**	\$1.60

\*This is the "Infant/Toddler Incentive," which is added to the lesser of the provider's charge or the FIA Maximum Rate.

\*\* Trained Day Care Aides and Relative Care Providers receive an extra 25 cents per hour for care of children under 2 ½ years. "Trained" means the provider completed 15 hours of basic child care training approved by the Michigan 4C Association, for which the provider was paid a \$150 incentive.

### SHELTER AREA I

Alger  
Baraga  
Gogebic  
Huron  
Iron  
Keweenaw  
Luce  
Mecosta  
Menominee  
Presque Isle  
Schoolcraft

### SHELTER AREA IV

Allegan  
Alpena  
Antrim  
Berrien  
Branch  
Calhoun  
Cass  
Charlevoix  
Clare  
Emmet  
Gratiot  
Ionia  
Isabella  
Marquette  
Montmorency  
Roscommon  
St. Joseph  
Shiawassee  
Tuscola  
Wayne

### SHELTER AREA II

Arenac  
Chippewa  
Delta  
Houghton  
Iosco  
Lake  
Manistee  
Oceana  
Ontonagon  
Osceola  
Oscoda

### SHELTER AREA V

Barry  
Bay  
Clinton  
Eaton  
Grand Traverse  
Kalamazoo  
Kent  
Lapeer  
Leelanau  
Lenawee  
Midland  
Otsego  
Ottawa  
Saginaw  
Van Buren

### SHELTER AREA III

Alcona  
Benzie  
Cheboygan  
Crawford  
Dickinson  
Gladwin  
Hillsdale  
Jackson  
Kalkaska  
Mackinac  
Mason  
Missaukee  
Montcalm  
Muskegon  
Newaygo  
Ogemaw  
Sanilac  
Wexford

### SHELTER AREA VI

Genesee  
Ingham  
Livingston  
Macomb  
Monroe  
Oakland  
St. Clair  
Washtenaw

## **EXECUTIVE SUMMARY**

The Family Support Act of 1988 stipulated that child care subsidy rates be driven by market rates (i.e., by the price of child care services in the market). Moreover, the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), in 1996, required states to survey their child care markets at least every two years. In accordance with these regulations, the Michigan Department of Human Services conducted its most recent market rate survey (and related analyses) during the months of April - August 2007. As in the past, the 2007 survey of child care centers, family homes, group homes, day care aides, and relative care providers was designed to gather the following information:

- Determine rates charged for providing care to children in two age groups (birth to 2 ½ years and 2 ½ years and older).
- Determine availability of services (e.g., weekend, day time, evenings, etc.).
- Determine the market rate at the seventy-fifth (75<sup>th</sup>) percentile by shelter area, by child's age and by provider type.

### **Sample Selection**

In April 2007, there were 71,877 child care providers (i.e., child care centers, family homes, group homes, day care aides and relative care providers) identified in the Department's Office of Children and Adult Licensing database and the Department's Client Information Management System (CIMS). As with previous market rate surveys, a stratified random sample was created wherein one hundred child care providers were selected in each of six shelter areas, from each of the five provider types, for a resulting sample size of 2,940 providers.

All totaled, 1,404 surveys were accounted for, representing 47.8% of the sample. This figure includes 255 respondents (18.2% of the respondents) who were no longer providing care, were Michigan School Readiness Programs (MSRPs) or were Headstart Programs.

### **Preliminary Results**

The following exhibits summarize some of the key findings from the survey:

- Exhibit ES-1: Overall (Statewide) Survey Findings by Type of Child Care Provider
- Exhibit ES-2: Maximum Child Development and Care Hourly Rates
- Exhibit ES-3: Market Rate Survey Results - Statewide and Shelter Area Hourly and Weekly Rates (75<sup>th</sup> Percentile)
- Exhibit ES-4: Maximum Child Development and Care Hourly Rates as a Percent of Market Rate Survey Hourly Rates (75<sup>th</sup> percentile)

## Exhibit ES-1: Statewide Survey Findings by Type of Child Care Provider

Data Profile:	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care Providers
Respondents (as a percent of provider type sample)	56.3%	46.8%	52.5%	35.0%	48.7%
Percent returned "undeliverable"	0.9%	1.1%	0.7%	3.2%	0.3%
Percent no longer providing service (also includes MSRPs and Headstart Programs)	25.3%	4.3%	1.0%	34.8%	28.4%
Percent using the Internet	95.6%	79.5%	81.2%	47.8%	50.7%
Age Groups Served:	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care Providers
• Percent "birth to 2 ½ years"	57.9%	97.0%	98.9%	78.3%	73.9%
• Percent "2 ½ years and older"	98.8%	99.3%	100.0%	94.7%	94.2%
Percent who accept children with special needs (includes those who responded "yes" and those who responded "yes, depending on the need")	59.6%	79.9%	86.2%	52.1%	40.0%
Percent who generally provide child care during the following times:	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care Providers
• Day time care	99.6%	99.3%	100.0%	98.5%	97.1%
• Evening care (after 6:00 p.m.)	5.0%	33.3%	41.6%	85.7%	82.1%
• Overnight care	0.9%	24.0%	25.4%	58.3%	54.0%
• Weekend care	2.3%	25.1%	27.8%	80.0%	78.6%
• Summer vacation	66.1%	86.7%	88.3%	92.7%	87.7%
Of those providing care during said times, percent who charge a higher than usual rate for:	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care Providers
• Evening care (after 6:00 p.m.)	0.0%	18.9%	22.0%	6.9%	6.2%
• Overnight care	0.0%	24.0%	25.4%	6.3%	10.9%
• Weekend care	50.0%	23.6%	25.0%	6.3%	10.9%
• Summer vacation	11.5%	3.7%	4.9%	4.6%	6.0%
Current Enrollment - Average Number of Children (weighted by Shelter Area)	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care Providers
• Part-Time (birth to 2 ½ years)	12.58	2.57	2.83	1.34	2.01
• Part-Time (2 ½ years and older)	49.73	3.64	5.50	1.93	2.10
• Full-Time (birth to 2 ½ years)	12.39	2.97	2.84	1.40	1.37
• Full-Time (2 ½ years and older)	59.11	3.50	4.93	2.00	2.64
• Special Needs Children (birth to 2 ½ years)	1.62	11.46	1.15	2.00	1.00
• Special Needs Children (2 ½ years and older)	3.34	10.49	1.81	1.69	1.14



## Exhibit ES-2: Maximum Child Development and Care (CDC) Hourly Rates (with Incentives)<sup>1</sup>

Maximum CDC Hourly Rates with Incentives <sup>2</sup>								
Shelter Area	Child Care Centers		Family and Group Homes		Day Care Aides		Relative Care Providers	
	Child's Age		Child's Age		Child's Age		Child's Age	
	0-2 ½ years	2 ½ years+	0-2 ½ years	2 ½ years+	0-2 ½ years	2 ½ years+	0-2 ½ years	2 ½ years+
I	\$2.25 + .25*	\$1.90	\$2.00 + .30*	\$2.00	\$1.35**	\$1.35	\$1.88**	\$1.88
II	\$2.60 + .40*	\$2.25	\$2.00 + .20*	\$2.00	\$1.35**	\$1.35	\$1.88**	\$1.88
III	\$2.50 + .15*	\$2.00	\$2.00 + .35*	\$2.00	\$1.35**	\$1.35	\$1.88**	\$1.88
IV	\$2.85 + .50*	\$2.25	\$2.00 + .30*	\$2.00	\$1.60**	\$1.60	\$1.88**	\$1.88
V	\$3.00 + .40*	\$2.25	\$2.25 + .40*	\$2.10	\$1.60**	\$1.60	\$2.12**	\$1.97
VI	\$2.95 + .85*	\$2.50	\$2.50 + .50*	\$2.50	\$1.60**	\$1.60	\$2.35**	\$2.35

\* “Infant/Toddler Incentive” which is added to the lesser of the provider’s charge or the Department of Human Services Maximum Rate.

\*\* Trained Day Care Aides and Relative Care Providers receive an extra 25 cents per hour for care of children under 2 ½ years. “Trained” means the provider completed 16 hours of basic child care training approved by the Michigan 4C (Community Coordinated Child Care) Association, for which the provider was paid a \$150 incentive.

<sup>1</sup> Source: *Provider Handbook and Reporting Instructions for Child Care Providers*; Michigan Department of Human Services; Child Development and Care; revised February 2007.

<sup>2</sup> *Infant/Toddler incentive payments have been authorized by the Michigan Legislature at least through September 30, 2007.*

## Exhibit ES-3: Market Rate Survey Results - Statewide and Shelter Area Hourly and Weekly Rates (75<sup>th</sup> Percentile; in dollars)

### Child Care Centers

Geographic Designation	Hourly Rate \$ (75 <sup>th</sup> Percentile)		Weekly Rate \$ (75 <sup>th</sup> Percentile)	
	Birth to 2 ½ Years	2 ½ Years and Older	Birth to 2 ½ Years	2 ½ Years and Older
Statewide <sup>3</sup>	4.92	4.35	205.00	160.00
Shelter Area I	3.75	3.06	135.00	124.38
Shelter Area II	3.30	3.00	140.00	130.00
Shelter Area III	4.38	3.50	150.00	125.00
Shelter Area IV	<b>11.00<sup>4</sup></b>	5.25	185.00	150.00
Shelter Area V	5.00	4.00	182.00	141.50
Shelter Area VI	5.25	5.48	228.00	180.00

### Family Homes

Geographic Designation	Hourly Rate \$ (75 <sup>th</sup> Percentile)		Weekly Rate \$ (75 <sup>th</sup> Percentile)	
	Birth to 2 ½ Years	2 ½ Years and Older	Birth to 2 ½ Years	2 ½ Years and Older
Statewide	3.00	3.00	150.00	135.00
Shelter Area I	3.00	2.75	125.00	118.75
Shelter Area II	2.85	2.75	147.50	147.50
Shelter Area III	2.78	2.50	120.00	111.25
Shelter Area IV	3.00	2.83	135.00	125.00
Shelter Area V	3.13	3.00	135.00	130.00
Shelter Area VI	4.50	4.00	175.00	172.50

### Group Homes

Geographic Designation	Hourly Rate \$ (75 <sup>th</sup> Percentile)		Weekly Rate \$ (75 <sup>th</sup> Percentile)	
	Birth to 2 ½ Years	2 ½ Years and Older	Birth to 2 ½ Years	2 ½ Years and Older
Statewide	3.75	3.50	160.00	150.00
Shelter Area I	2.85	2.50	102.50	102.50
Shelter Area II	2.50	2.50	137.25	115.13
Shelter Area III	2.88	2.73	125.00	122.50
Shelter Area IV	3.56	3.13	142.50	130.00
Shelter Area V	3.75	3.31	150.00	146.50
Shelter Area VI	4.94	5.00	175.00	167.75

<sup>3</sup> In this and subsequent discussions of statewide rates, statewide results were weighted by Shelter Area (to more accurately reflect the true population of providers).

<sup>4</sup> Note: In situations wherein the number of observations is less than four, the 75<sup>th</sup> percentile reported is the maximum value for that provider group (such occurrences are denoted in bold).

**Day Care Aides**

Geographic Designation	Hourly Rate \$ (75 <sup>th</sup> Percentile)		Weekly Rate \$ (75 <sup>th</sup> Percentile)	
	Birth to 2 ½ Years	2 ½ Years and Older	Birth to 2 ½ Years	2 ½ Years and Older
Statewide	3.00	2.76	137.27	135.95
Shelter Area I	2.00	2.00	<b>121.00</b>	<b>121.00</b>
Shelter Area II	3.00	2.28	<b>350.00</b>	293.75
Shelter Area III	2.00	2.13	117.50	117.50
Shelter Area IV	<b>4.00</b>	3.47	<b>200.00</b>	145.75
Shelter Area V	3.00	3.00	182.50	98.38
Shelter Area VI	2.55	2.63	<b>125.00</b>	169.50

**Relative Care Providers**

Geographic Designation	Hourly Rate \$ (75 <sup>th</sup> Percentile)		Weekly Rate \$ (75 <sup>th</sup> Percentile)	
	Birth to 2 ½ Years	2 ½ Years and Older	Birth to 2 ½ Years	2 ½ Years and Older
Statewide	3.00	3.00	175.00	125.00
Shelter Area I	2.00	2.13	<b>100.00</b>	107.50
Shelter Area II	2.75	2.00	NA	120.00
Shelter Area III	2.25	2.00	<b>103.00</b>	77.50
Shelter Area IV	4.40	3.50	187.50	154.00
Shelter Area V	2.75	2.50	100.00	100.00
Shelter Area VI	4.06	3.00	181.88	155.00

## Exhibit ES-4: Maximum Child Development and Care (CDC) Hourly Rates<sup>5</sup> as a Percent of Market Rate Survey Hourly Rates (75<sup>th</sup> percentile)

### Child Care Centers

Geographic Designation	Child's Age: Birth to 2 ½ Years			Child's Age: 2 ½ Years and Older		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS
Shelter Area I	2.50	3.75	66.7%	1.90	3.06	62.1%
Shelter Area II	3.00	3.30	90.9%	2.25	3.00	75.0%
Shelter Area III	2.65	4.38	60.5%	2.00	3.50	57.1%
Shelter Area IV	3.35	<b>11.00</b> <sup>6</sup>	30.5%	2.25	5.25	42.9%
Shelter Area V	3.40	5.00	68.0%	2.25	4.00	56.3%
Shelter Area VI	3.80	5.25	72.4%	2.50	5.48	45.6%

### Family Homes

Geographic Designation	Child's Age: Birth to 2 ½ Years			Child's Age: 2 ½ Years and Older		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS
Shelter Area I	2.30	3.00	76.7%	2.00	2.75	72.7%
Shelter Area II	2.20	2.85	77.2%	2.00	2.75	72.7%
Shelter Area III	2.35	2.78	84.5%	2.00	2.50	80.0%
Shelter Area IV	2.30	3.00	76.7%	2.00	2.83	70.7%
Shelter Area V	2.65	3.13	84.7%	2.10	3.00	70.0%
Shelter Area VI	3.00	4.50	66.7%	2.50	4.00	62.5%

<sup>5</sup> Exhibit ES-4: for discussion purposes, the CDC hourly rate presented for Child Care Centers, Family Homes and Group Homes includes the "infant/toddler incentive" that is paid for children aged "birth to 2 ½ years" (for more information, please refer to Exhibit ES-2).

<sup>6</sup> Note: In situations wherein the number of observations is less than four, the 75<sup>th</sup> percentile reported is the maximum value for that provider group (such occurrences are denoted in bold).

**Group Homes**

Geographic Designation	Child's Age: Birth to 2 ½ Years			Child's Age: 2 ½ Years and Older		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS
Shelter Area I	2.30	2.85	80.7%	2.00	2.50	80.0%
Shelter Area II	2.20	2.50	88.0%	2.00	2.50	80.0%
Shelter Area III	2.35	2.88	81.6%	2.00	2.73	73.3%
Shelter Area IV	2.30	3.56	64.6%	2.00	3.13	63.9%
Shelter Area V	2.65	3.75	70.7%	2.10	3.31	63.4%
Shelter Area VI	3.00	4.94	60.7%	2.50	5.00	50.0%

**Day Care Aides**

Geographic Designation	Child's Age: Birth to 2 ½ Years			Child's Age: 2 ½ Years and Older		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS
Shelter Area I	1.88	2.00	94.0%	1.88	2.00	94.0%
Shelter Area II	1.88	3.00	62.7%	1.88	2.28	82.5%
Shelter Area III	1.88	2.00	94.0%	1.88	2.13	88.3%
Shelter Area IV	1.88	<b>4.00</b>	47.0%	1.88	3.47	54.2%
Shelter Area V	2.12	3.00	70.7%	1.97	3.00	65.7%
Shelter Area VI	2.35	2.55	92.2%	2.35	2.63	89.4%

**Relative Care Providers**

Geographic Designation	Child's Age: Birth to 2 ½ Years			Child's Age: 2 ½ Years and Older		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 <sup>th</sup> percentile)	CDC as a percent of MRS
Shelter Area I	1.35	2.00	67.5%	1.35	2.13	63.4%
Shelter Area II	1.35	2.75	49.1%	1.35	2.00	67.5%
Shelter Area III	1.35	2.25	60.0%	1.35	2.00	67.5%
Shelter Area IV	1.60	4.40	36.4%	1.60	3.50	45.7%
Shelter Area V	1.60	2.75	58.2%	1.60	2.50	64.0%
Shelter Area VI	1.60	4.06	39.4%	1.60	3.00	53.3%



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
LANSING



MARIANNE UDOW  
DIRECTOR

June 2007

«Name»  
«Supp»  
«Street»  
«City», «State» «Zip»

Dear Child Care Provider:

**We need your help!**

The State of Michigan receives Child Care and Development Funds (CCDF) to help low-income families pay for child care. States that receive these federal funds must conduct a market rate survey of child care providers every two years.

As a provider of child care services you have been selected as one of a sample of 2,940 providers across the state to participate in this market rate survey. Your response to this survey is necessary to assist the Michigan Department of Human Services (DHS) and the Legislature to assess rates paid to child care providers who care for DHS-funded children. The survey is enclosed.

**Please take a few minutes to complete this survey and return it in the postage-paid envelope by Friday, June 22, 2007.**

DHS will be analyzing the data from the surveys. The information you provide will be confidential and will not be reported by program or providers' names. Each provider will be assigned an identification number for tracking purposes only.

**Your response is very important.** Thank you for your time and effort. If you have any questions, you may call the DHS Survey Center at 1-800-859-5988.

Sincerely,

Lisa Brewer-Walraven, Director  
Office of Early Education and Care





## 2007 MARKET RATE SURVEY

### CHILD DEVELOPMENT AND CARE

MICHIGAN DEPARTMENT OF HUMAN SERVICES (MDHS)

#### Provider Information

**1. Which of the following best describes your child care role?** *(Check only one box.)*

- ☐ 1. Director or administrator of a child care center
- ☐ 2. Group home child care provider (you are licensed to care for up to 12 children in your home)
- ☐ 3. Family home child care provider (you are registered to care for up to 6 children in your home)
- ☐ 4. Relative care provider (you care for family members' children in your home)
- ☐ 5. Day care aide (you care for children in their own home)
- ☐ 6. Michigan School Readiness Program (MSRP) → STOP HERE AND RETURN THE SURVEY IN THE ENCLOSED ENVELOPE.
- ☐ 7. Headstart Program → STOP HERE AND RETURN THE SURVEY IN THE ENCLOSED ENVELOPE.
- ☐ 8. No longer providing child care → STOP HERE AND RETURN THE SURVEY IN THE ENCLOSED ENVELOPE.

**2. In what COUNTY do you provide child care?** \_\_\_\_\_

**3. Do you use the Internet?** *(please check the box corresponding to the one best answer that describes your usual use of the internet)*

- ☐ Yes, I use the internet at home (1)
- ☐ Yes, I use the internet at work (2)
- ☐ Yes, I use the internet at home and at work (3)
- ☐ Yes, I use the internet from other locations (e.g., library, friend's house, etc.) (4)
- ☐ No, I do not use the internet (5)

#### Children Served, Hours of Operation and Types of Care

**4. What age groups do you/your center accept?**

Age Group	Do you/your center accept children in this age group?
a) Birth to 2 ½ years	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
b) 2 ½ years and older	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

**5. Do you/your center accept children with identified special needs (i.e., children requiring a level of care over and above the norm for the age in order to participate in child care (e.g., physical, mental, emotional, and behavioral, etc.))?**

Special Needs Children by Age Group	Do you/your center accept special needs children in this age group?
a) Special Needs - Birth to 2 ½ years	<input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes, depending on the need (2) <input type="checkbox"/> No (3)
b) Special Needs - 2 ½ years and older	<input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes, depending on the need (2) <input type="checkbox"/> No (3)

Please continue on the back of this page →



6. Do you/your center generally provide child care during the following times? For each of the times that you provide care, indicate whether you charge a higher rate than usual.

	Do you <i>generally</i> provide care during this time?	If yes, do you charge a higher rate than usual during this time?
Day time care	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	NA
Evening care (after 6:00 pm)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Overnight care	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Weekend care	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Summer vacation	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

### Rates You Charge for Child Care

7. In the following table, for each age group, indicate the TOTAL number of part-time and full-time children CURRENTLY in your/your center's care. Include private pay children and children who receive a subsidy from the Department of Human Services (DHS). If a certain age group is not currently being served, please leave blank.

Age of Children	Current # of Children Part-Time	Current # of Children Full-Time	Current # of Special Needs Children
a) Birth to 2 ½ years	# _____	# _____	# _____
b) 2 ½ years and older	# _____	# _____	# _____

8. In the table below, write the amount you/your center charge for care for each age group you serve or could potentially serve. Disregard DHS subsidy rates, sliding scale rates, employee discounts and other discounted rates. Fill in only those rates (i.e., hourly, part-time, weekly) that reflect how you/your center charge(s). Note: if you have part-time and weekly rates, you are also asked to indicate the average number of hours covered by those rates.

Age of Children	Hourly Rate (\$00.00)	Part Time (PT) Rate (\$000.00)	Average number of hours covered by the PT rate	Weekly Rate (\$000.00)	Average number of hours covered by the weekly rate
a) Birth to 2 ½ years	\$ _____ . _____ per hour	\$ _____ . _____ part time rate		\$ _____ . _____ per week	
b) 2 ½ years and older	\$ _____ . _____ per hour	\$ _____ . _____ part time rate		\$ _____ . _____ per week	

**THANK YOU! YOUR RESPONSE IS APPRECIATED. PLEASE RETURN THE SURVEY IN THE ENCLOSED ENVELOPE BY FRIDAY, JUNE 22, 2007.**

**RETURN ADDRESS: MDHS, Performance Excellence Administration, 235 S. Grand Ave - Suite 1413, Lansing, MI 48909.**

## CHILD DEVELOPMENT AND CARE INCOME ELIGIBILITY SCALE

CDC program groups in the income eligible group must have gross income that falls within the income scale below to be eligible to receive agency payment for the full or partial cost of covered child care needs up to 95% of the agency's maximum rates.

	Gross Monthly Income				
Group Size 1	\$0-\$1496	\$1497-\$1533	\$1534-\$1570	\$1571-\$1607	No FIA assistance if gross monthly income is over \$1607
Group Size 2	\$0-\$1496	\$1497-\$1533	\$1534-\$1570	\$1571-\$1607	No FIA assistance if gross monthly income is over \$1607
Group Size 3	\$0-\$1847	1848-\$1895	\$1896-\$1943	\$1944-\$1990	No FIA assistance if gross monthly income is over \$1990
Group Size 4	\$0-\$2198	\$2199-\$2255	\$2256-\$2311	\$2312-\$2367	No FIA assistance if gross monthly income is over \$2367
Group Size 5	\$0-\$2551	\$2552-\$2616	\$2617-\$2681	\$2682-\$2746	No FIA assistance if gross monthly income is over \$2746
Group Size 6	\$0-\$2902	\$2903-\$2976	\$2977-\$3050	\$3051-\$3123	No FIA assistance if gross monthly income is over \$3123
Group Size 7	\$0-\$3253	\$3254-\$3336	\$3337-\$3418	\$3419-\$3500	No FIA assistance if gross monthly income is over \$3500
Group Size 8	\$0-\$3604	\$3605-\$3695	\$3696-\$3786	\$3787-\$3877	No FIA assistance if gross monthly income is over \$3877
Group Size 9	\$0-\$3955	\$3956-\$4055	\$4056-\$4155	\$4156-\$4254	No FIA assistance if gross monthly income is over \$4254
Group Size 10+	\$0-\$4309	\$4310-\$4417	\$4418-\$4525	\$4526-\$4634	No FIA assistance if gross monthly income is over \$4634
% of FIA Rate Paid	95%	90%	80%	70%	

Effective 2/01/03



**CHILD DEVELOPMENT AND  
CARE (CDC) APPLICATION**  
State of Michigan  
Department of Human Services(DHS)

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	DHS Specialist	Date

**INSTRUCTIONS:** • You must live in Michigan. • Your completed and signed application must be received by the local DHS office serving the county or district where you live before payments can begin. • Providing your Social Security Number (SSN) is voluntary. If you do provide it, the SSN may be used for establishing identity and for tracking and reporting purposes.

**SECTION 1 – APPLICANT INFORMATION:**

Full Name of Applicant ( <i>Last, First, Middle</i> )			Former/Maiden Name		Marital Status: <input type="checkbox"/> NEVER MARRIED	
Address ( <i>Number &amp; Street, Apartment Number</i> )			Home Phone Number		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	
City			Zip Code		<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
MI			Work Phone Number		County	

Racial-ethnic heritage: (Answer is voluntary.) <input type="checkbox"/> WHITE, Non-Hispanic <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER		Are you multiracial? <input type="checkbox"/> No <input type="checkbox"/> Yes You are multiracial if you have parents from more than one racial-ethnic group, or if at least one of your parents is multi-racial.	Have you ever received cash assistance benefits from DHS? <input type="checkbox"/> Currently Receive <input type="checkbox"/> Never Received <input type="checkbox"/> No Longer Receive ▶ Date Last Received:
---	--	--	--

Why do you need child care services? (Check <b>all</b> that apply.) <b>Explain:</b> ▶	
<input type="checkbox"/> FOR EMPLOYMENT <input type="checkbox"/> FOR HIGH SCHOOL COMPLETION <input type="checkbox"/> FOR PARTICIPATING IN A MICHIGAN WORKS! AGENCY (MWA) APPROVED ACTIVITY <input type="checkbox"/> FOR PARTICIPATING IN A TREATMENT ACTIVITY FOR A HEALTH OR SOCIAL CONDITION	

**SECTION 2 – LIST CHILDREN IN YOUR HOME WHO NEED CHILD CARE:** (Attach additional sheet if needed.)

Child's Name ( <i>Last, First, Middle</i> )	A G E	Date Care Began or Will Begin	Days and Times Child Care is Needed	Name and Address of Child Care Provider*	Provider ID or License Number	Phone Number	Is Care* Provided in Child's Home?		Is Provider Related to Child?	
							Yes	No	Y/N	How?

\*Your provider must be **licensed/registered** by the Office of Children and Adult Licensing, **unless** care is provided in the home where the child lives by a **DHS-enrolled** adult Day Care Aide or in the home of a **DHS-enrolled** adult Relative Care Provider who is a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or adult sibling/step-sibling of the child **and** who does **not** live in the same home as the child.

**SECTION 3 – LIST ALL PERSONS LIVING IN YOUR HOME:** (Attach additional sheet if needed.)

Name ( <i>Last, First, Middle</i> )	Date of Birth	Sex	U.S. Citizen?	Relation to You	Social Security Number (Voluntary)	Does this person work/attend school?	List where and address.
		M/F					
			<input type="checkbox"/> YES <input type="checkbox"/> NO	SELF		<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	

**SECTION 4 – OTHER INFORMATION:** Check all that apply. (If none apply, go to page 2.)

<input type="checkbox"/> I am receiving cash assistance benefits from DHS for myself and/or for <b>all</b> children in my home who need child care. <input type="checkbox"/> I am receiving Supplemental Security Income (SSI) for myself and/or for <b>all</b> children in my home who need child care. <input type="checkbox"/> I am a foster parent requesting child care <b>only</b> for a <b>foster child(ren)</b> . <input type="checkbox"/> I need child care <b>only</b> to participate in a required activity for my <b>DHS Protective Services or Prevention</b> case.
---

IF YOU HAVE CHECKED ANY OF THE ABOVE IN SECTION 4, SKIP TO PAGE 3, SECTION 7. IF YOU HAVE NOT, GO TO PAGE 2.

**SECTION 5 – INFORMATION ABOUT ALL CHILDREN UNDER AGE 18 WHO LIVE IN YOUR HOME:**

1 List the full name of all children under the age of 18 who live in your home. (Last, First, Middle)  USE MORE SHEETS IF NEEDED.	2 List the full name of each child's mother and father. Write "Unknown" if you do not know who the mother or father is.	3 Parent lives in the home?	4 If not in home, <input checked="" type="checkbox"/> proper box.							5 Parents' Mailing Address if Different from the Applicant
		YES	NO	Divorced	Separated	Prison	Dead	In the Military	Absent for Other Reason	
	Mother									
	Father									
	Mother									
	Father									
	Mother									
	Father									
	Mother									
	Father									

**SECTION 6 – INFORMATION ABOUT ALL PERSONS WITH INCOME LIVING IN YOUR HOME: (Include yourself.)**

LIST BELOW THE GROSS AMOUNT AND HOW OFTEN INCOME IS RECEIVED BY YOURSELF AND OTHER HOUSEHOLD MEMBERS. USE MORE SHEETS IF NEEDED.

Names of Household Members	Your Name		Other Household Member		Other Household Member		Other Household Member	
INCOME TYPE	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
1. Employment/Self-Employment								
2. DHS Cash Assistance, State Disability Assistance (SDA)								
3. Social Security Benefits (RSDI)								
4. Supplemental Security Income (SSI)								
5. Veterans' Benefits								
6. Workers' Compensation								
7. Disability Benefits								
8. Child Support								
9. Education Grants or Loans								
10. Unemployment Compensation								
11. Retirement Benefits								
12. Military Allotments								
13. Gaming Distributions (Casino profit sharing)								
14. Crops and Farm Income								
15. Housing Assistance								
16. Other:								

**SECTION 7 – RIGHTS AND ACKNOWLEDGMENTS:**

1. **APPLICATION:** I understand that I have the right to file an application today or at any time, including prior to any interview or appointment, and the application must be approved or denied within 45 days from the day it is received by the Department.
2. **NON-DISCRIMINATION:** I understand that if I believe I have been discriminated against because of race, sex, religion, age, national origin, color, height, weight, marital status, handicap, or political beliefs, I have the right to file a complaint with the Secretary, Department of Health and Human Services in Washington, D.C.
3. **REPORTING CHANGES:**
  - I understand that the Department needs to know of any changes in income or circumstances of any person listed on this form.
  - **I will report to the DHS specialist who handles my Child Development and Care (CDC) case, any changes within ten days of the change.** These changes include changes in my employment, school/training, income, child care arrangements, name, address, phone numbers, household members, marital status, etc., and any other change which may affect my eligibility or the amount of benefits.
  - I understand that if I neglect or refuse to report required changes, or make false or misleading statements, I can be prosecuted for fraud or perjury.

**If you have any doubt about whether you should report a change, call your specialist at the local DHS office.**
4. **REPAYMENT OF BENEFITS:** I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.
5. **HEARINGS:** I understand that if I do **not** agree with any decision made on any matter concerning my case, I have the right to ask for an Administrative Hearing. I understand that I can ask for information about an Administrative Hearing by calling the county Department of Human Services office, and that I can request an Administrative Hearing by writing to the local Department of Human Services office.
6. **AFFIDAVIT:** I swear or affirm that all the information I have written on this form or told to a DHS specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. If I have intentionally left out any information or given false information which causes me to receive benefits I am not entitled to, or more benefits than I am entitled to, I understand that I can be prosecuted for fraud.
7. **RELEASE OF INFORMATION:** I authorize the DHS to send notices and/or provide information to my child care provider(s) when CDC services have been authorized or when there are changes in the authorization information previously given to the provider or when my application for CDC is denied or withdrawn or my case is cancelled. I also authorize the DHS or any child care center that may provide care for my child(ren) to release information necessary to determine my right to benefits under any other local, state or federal program. I authorize the Social Security Administration to give to the DHS all information necessary to determine my eligibility for CDC benefits.

**I UNDERSTAND THAT:**

- If approved for CDC, I may only use child care services during the times that I, and all other parents/substitute parents in my home, are unavailable due to employment, high school completion classes, approved education and training activities and approved activities for a health or social condition.
- I am responsible for any child care costs not paid by the DHS, including benefits which may have been authorized but for which I no longer qualify, based on a change in circumstances.
- I am not eligible for CDC benefits before the need exists or before the DHS local office receives my signed application.
- If a reported change results in a reduction in benefits, the reduction will be made as soon as administratively possible by the DHS without advance notice.
- Child care must be provided in Michigan by either a licensed Child Care Center, licensed Group Child Care Home, registered Family Child Care Home, a DHS-enrolled adult Day Care Aide who provides care in the home where the child lives or a DHS-enrolled adult Relative Care Provider who is a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of the child and who provides the care in his/her home and does not live in the same home as the child.
- If I use a Day Care Aide, I am the employer and responsible:
  - : to discuss health and safety issues such as: emergency phone numbers, storage of poisons, handwashing, diapering, discipline procedures and immunization records with the aide.
  - : for the employer's share of any employer's taxes which need to be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes.
  - : to provide the Day Care Aide with a W2 form at the end of the year for income tax purposes.
  - : to get and keep receipts to verify the money I receive is paid to my Day Care Aide for DHS-funded child care. (If my Day Care Aide is not paid, other DHS benefits I receive may be affected.)
- As a condition of eligibility for CDC, it is my responsibility to pursue other benefits for which I may be eligible such as child support, unemployment benefits, etc., and that I must cooperate in child support actions.
- My application may be one of those chosen for a complete investigation, and a DHS representative might call my home and might contact other people in order to verify my eligibility for assistance.
- My Day Care Aide or Relative Care Provider will not be enrolled and will not receive, or will stop receiving, payment if:
  - he/she reports, or a criminal background check shows, that he/she has been convicted of specific crimes, or
  - he/she, or any adult reported as living in the Relative Care Provider's home, is on the DHS central registry as a perpetrator on a substantiated Children's Protective Services case.

**I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM.** (If you have any questions, be sure to ask your DHS specialist.)

Signature of Applicant or Representative	Date of Signature
Signature of Family Independence Specialist (FIS)	Date of Signature

IF YOU NEED CHILD CARE TO PARTICIPATE IN AN MWA APPROVED ACTIVITY, HAVE THE MWA WORKER COMPLETE SECTION 8.

**SECTION 8 – MICHIGAN WORKS! AGENCY (MWA) – APPROVED ACTIVITY**

Please complete information on the activity that the client listed on page 1 is participating in:

Client Name			Activity Location			Begin Date		Expected End Date	
Activity	#1					/ /		/ /	
Activity	#2					/ /		/ /	
Activity	#3					/ /		/ /	
Enter days and times of assigned activity (or attach a schedule).		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HOURS
	#1								
	#2								
	#3								
#	Signature of Worker			Date		Telephone Number		If completed by DHS, date verified with MWA staff.	
#1									
#2									
#3									

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

This form is issued under authority of Public Act 280 of 1939. Completion of this form is voluntary. However, if it is not completed, your eligibility cannot be determined and you will not receive child care services.

# ASSISTANCE APPLICATION

## State of Michigan

### Department of Human Services

### HELP IS AVAILABLE

DEPARTMENT OF HUMAN SERVICES MUST HELP ALL PERSONS FILL OUT THE APPLICATION, WHEN REQUESTED. IF YOU NEED HELP, PLEASE CALL OR VISIT YOUR SPECIALIST OR THE OFFICE NAMED BELOW. IF YOU NEED AN INTERPRETER, YOU MAY USE ONE OF YOUR CHOICE OR THE DEPARTMENT WILL PROVIDE ONE. IF YOU ARE REFUSED HELP IN FILLING OUT THE APPLICATION, YOU MAY CALL (517) 373-0707.

DEPARTMENT OF HUMAN SERVICES DEBE AYUDAR A TODAS LAS PERSONAS A COMPLETAR LA SOLICITUD CUANDO ASÍ LO PIDEN. SI USTED NECESITA AYUDA, POR FAVOR LLAME O VISITE A SU ESPECIALISTA O LA OFICINA QUE SE MENCIONA ABAJO. SI NECESITA UN INTÉRPRETE, USTED PUEDE USAR UNO DE SU ELECCIÓN O EL DEPARTAMENTO LE PROPORCIONARA UNO. SI A USTED LE NIEGA AYUDA PARA COMPLETAR LA SOLICITUD, PUEDE LLAMAR AL (517) 373-0707.

يجب على هيئة الاستقلال العائلي لولاية ميشيغان أن يساعد كافة الأشخاص ملء الاستمارات عندما يطلب منهم ذلك. إذا كنت تحتاج إلى مساعدة، يرجى الاتصال أو زيارة الإخصائي الذي ينظر بقضيتك أو المكتب المبين أسمه أدناه. وإذا كنت تحتاج إلى مترجم، ستقوم الدائرة بتوفير مترجم لك بدون مقابل، أو باستطاعتك اختيار من ترغب. وإن تم رفض مساعدتك بملء الطلب، يمكنك الاتصال بالهيئة على الرقم ٣٧٣-٠٧٠٧ (٥١٧).

هل تريد من الدائرة أن توفر لك مترجماً كي يساعدك أثناء المقابلة؟ نعم ( ) لا ( ) إذا أجبت بنعم فما هي اللغة التي تتحدثها في المنزل؟

Department of Human Services (DHS) no discrimina contra ningún individuo o grupo a causa de su raza, sexo, religión, edad, origen nacional, color de piel, estatura, peso, estado matrimonial, creencias políticas o incapacidad. Si usted necesita ayuda para leer, escribir, oír, etc., bajo la Acta de Americanos con Incapacidades, usted esta invitado a hacer saber sus necesidades a una oficina de DHS en su área.

إن تميّز إدارة الخدمات الإنسانية (Department of Human Services) ضد أي شخص أو مجموعة بسبب العرق، الجنس، الديانة، العمر، المنشأ الوطني، اللون، الطول، الوزن، الحالة الزوجية، أو الإعاقة والعجز. إن كنت تحتاج إلى مساعدة في القراءة والكتابة والسمع، إلخ، ندعوك أن تجعل احتياجاتك معروفة لدى مكتب في الكاونتني التي تعيش فيها عملاً بقانون الأمريكيين ذوي الإعاقة والعجز (Americans with Disabilities Act).

### PLEASE READ CAREFULLY

You have the right to file an application today or at any time, including prior to any interview or appointment. The date you file may affect the amount of benefits you receive. Your application must be approved or denied within the following standards:

- Family Independence Program (FIP) ..... 45 days
- State Disability Assistance (SDA) ..... 60 days
- Adult Medical Program (AMP) ..... 45 days
- State Emergency Relief (SER) ..... 10 days
- Food Assistance Benefits (FAP) ..... 30 days
- Expedited Food Assistance Benefits (FAP) .... 7 days
- Medical Assistance (MA) ..... 45 days
- **except** disability-related MA ..... 60 days
- Refugee Assistance Program (RAP) -  
Cash Assistance ..... 30 days
- Refugee Assistance Program (RAP)  
Medical Aid ..... 45 days
- Repatriate Assistance Program (REP) ..... 45 days
- Child Development and Care (CDC) ..... 45 days

### You must complete the entire application to have your eligibility determined.

If you cannot complete the entire application today, you can file today for assistance and begin these time periods by providing the following information:

- Your name,
- Your birthdate,
- Your address (homeless persons do not have to list an address), **and**
- Your signature or your representative's signature.

If you wish to do this, complete the [DHS-1171-F](#), Filing Document.

Then, return the filing document to the DHS office in your area to establish your filing date.

**Exception:** If you are applying for Supplemental Security Income (SSI) and Food Assistance benefits before being released from a medical institution, the filing date of your application will be the date of your release from the institution.

### LOCAL OFFICE:

How do I apply? [Client Application Process](#)

Where do I apply? [DHS office in your area](#)

This form is issued under authority of 42 CFR 435.907; 7 CFR 273.2(d); and Sections 25 and 59 of Act 280 of the Public Acts of 1939, as amended. You must complete this form if you want the department to consider your application for financial or medical assistance or food stamps.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**PLEASE KEEP THIS PAGE.**

## **INFORMATION ABOUT MEDICAID**

**Rules may have changed since this was printed. Check with your local DHS office.**

Medicaid helps people pay for medical care. A person may have Medicare, Health Insurance, and Medicaid. Medicaid may help with expenses not paid by Medicare or Health Insurance. If you need help with past, unpaid medical expenses, your coverage may begin three months before you apply.

### **Coordination of health care and benefits of participants in medical assistance programs.**

The State's Medical Assistance program relies upon a large number of managed care health programs, mental health and substance abuse programs, and private providers to deliver quality care to beneficiaries like you. In order to assure a high level of care and benefit coordination, providers in the program may share information about your care (or your child or ward) with other providers in the program when such information and consultation is clinically indicated.

### **Receiving Medicaid Services**

You must tell all your providers (doctors, hospital, pharmacy, etc.) that you have applied for Medicaid before you receive any new medical services. Not all providers accept Medicaid. Choose a provider who does accept Medicaid.

You must give your medical providers a copy of your mihealth card or approval letter as soon as it is received. This letter tells when your eligibility began. Your providers need this information to receive prompt payment for medical services provided to you. This information is also needed to issue you a refund if you pay for a Medicaid covered service between the date your hearing request is received by the Department of Human Services after an incorrect denial of Medicaid and the date your Medicaid is approved as a result of your hearing request.

We might approve Medicaid for up to 3 months before you applied. If we do, ask your providers to bill Medicaid for any covered services you received during those months. If you paid for any of these bills before you received the approval letter, ask your health providers if they will refund your money and bill Medicaid. Providers are not required to do this, but many will.

Your providers must submit your bills to Medicaid within 12 months after the date you received the services. If they wait more than 12 months, then Medicaid may not pay the bill unless the delay in billing is because you had to file an appeal to get Medicaid benefits.

### **Who May Receive Medicaid**

- a. A Family Independence Program (FIP) recipient.
- b. A Supplemental Security Income (SSI) recipient.
- c. Anyone who is financially eligible and is:
  - under age 21,
  - pregnant,
  - age 65 or older,
  - blind or disabled, or
  - a parent or close relative living with a child. The child must be under age 18, or age 18 or 19 in high school full-time and expected to graduate before age 20.

### **Assets**

There is a limit on assets for Medicaid categories that are based on age (65 or older), disability or blindness. Countable assets must be at or below the asset limit at least part of each month for which Medicaid is requested. If your assets are more than the asset limit, you may become eligible for Medicaid if you use your excess assets to pay some of your medical bills, living expenses, or other debts. You may be asked to verify when and for what purposes you used your excess assets.

### **Income**

Income is compared to an income allowance based on family size. The allowance varies across Michigan. If your monthly income is above the allowance, help may still be available depending on your medical expenses.

### **Medicaid Publications**

In addition to being financially eligible, a person must meet other requirements, such as being a Michigan resident and providing a social security number. For more information about income, assets and other requirements, ask for the appropriate publication(s) listed on the next page.



## PLEASE KEEP THIS PAGE.

## PUBLICATIONS

If you would like information about FIP, ask for the following publication:

- [DHS Publication 179](#) - Family Independence Program

If you would like information about Food Assistance benefits, ask for the following publications:

- [DHS Publication 16](#) - Food Assistance in Michigan

If you would like information about Medicaid, ask for the following publications:

- [MDCH Publication 141](#) - Medicaid Health Care Coverage: explains basic Medicaid eligibility rules.
- [MDCH Publication](#) - Healthy Kids Free Health Care Coverage for Pregnant Women, Babies, and Children: explains medical coverage for pregnant women and children.
- [MDCH Publication 726](#) - Nursing Facility Eligibility: explains eligibility for nursing home patients.
- [MDCH Publication 769](#) - Medicare Premiums: Get the most out of life by getting the most out of health care: explains eligibility for Medicare Savings Programs.
- [MDCH Publication 617](#) - Medicaid Spend-Down Information: explains the income spend-down process.

If you would like information about Child Development and Care, ask for the following publications:

- [DHS Publication 798](#) - Michigan Cares for Today's Child
- [DHS Publication 836](#) - 4 Steps to Choosing Quality Child Care - A Parent's Checklist
- [DHS Publication 230](#) - Provider Handbook and Reporting Instructions for Child Care Providers

If you would like information on establishing paternity (establishing a legal father for a child born to an unwed mother) or child support services, ask for the following publications:

- [DHS Publication 780](#) - What Every Parent Should Know About Establishing Paternity
- [DHS Publication 865](#) - DNA Paternity Testing: Questions and Answers
- [DHS Publication 748](#) - Understanding Child Support. A Handbook for Parents

## FOOD ASSISTANCE BENEFITS — 7 - DAY PROCESSING

Your household may qualify for 7-day processing of your Food Assistance application. This faster service is available if:

- you have less than \$150 in monthly gross income and \$100 or less in liquid assets (cash on hand, checking or savings accounts, savings certificates), **or**
- your combined gross income and liquid assets are less than your monthly rent and/or mortgage payment plus heat and utilities, **or**
- you are a **destitute\*** migrant or seasonal farmworker with less than \$100 in liquid assets.

\* **Destitute** means that your income **has stopped** before the date of your application, or your income **has started** but you expect to receive no more than \$25 within the next 10 days.

If your household qualifies for 7-day processing, you will need to:

- participate in an interview, **and**
- provide proof of your identity, **and**
- complete the entire application process.

To continue receiving Food Assistance benefits, you will be asked to provide proof of other information, such as income, residency, etc. If you can provide those proofs today, you may be given a longer Food Assistance benefit period.

## MORE ABOUT FOOD ASSISTANCE BENEFITS

A face-to-face interview may be waived and replaced by a telephone interview if household hardships exist. These hardship conditions include, but are not limited to: illness, transportation difficulties or work hours which prevent participation in an in-office interview. Contact your specialist if you believe a telephone interview is necessary.

To receive a deduction for the following expenses, you must report and provide any required verification to your Specialist of:

- Child Care expenses
- Rent or mortgage payment
- Medical expenses

**PLEASE KEEP THIS PAGE.**

- Heat and utility or other shelter costs
- Child support paid to a non-household member

Failure to report or verify any of the above listed expenses will be seen as a statement by your household that you do **not** want to receive a deduction for the unreported expense. If your heat is included in your rent, and you receive or expect to receive the Home Heating Credit and you do **not** fill out question 8 on page 6, this will be a statement that you do not want to receive a deduction for heat expenses.

## **FOOD ASSISTANCE PROGRAM (FAP) WORK REQUIREMENTS**

The following section describes the work requirements for FAP-only households. A FAP-only recipient does not have to participate in work-related activities unless receiving Time-Limited Food Assistance (see last paragraph).

Adults who are working and who are not deferred or do not have good cause (see below) may not:

- Voluntarily quit a job of 20 hours or more per week.
- Voluntarily reduce hours of employment below 30 hours per week.
- Be fired from a job for misconduct or absenteeism (except for incompetence).

**Note:** No penalty applies if the job quit, reduction in hours or firing occurred more than 30 days before your application date for FAP.

Adults who are not working or are working less than 30 hours per week (unless deferred) must:

- Accept a legitimate offer of employment.
- Participate in employment-related activities that are required of an individual in order to receive unemployment compensation.

Your FAP can be reduced or closed if an adult in your household does not comply with any of these work requirements without good cause. The first time you do not comply, the adult will be removed from your FAP group for one month or until he or she complies with the work requirements, whichever is longer. After the first time, the adult will be removed from the FAP group for six months or until they comply with the requirements, whichever is longer.

**Note:** If you receive Food Assistance Program (FAP) benefits in addition to Family Independence Program (FIP) benefits, you must follow the work requirements for the FIP program.

### **Deferral and Good Cause Criteria**

The work requirements do not apply to you if you are deferred. You may be deferred if you are:

- Under age 16 or age 60 or older
- Personally providing care for a child under age 6 who is a member of your FAP group
- Incapacitated due to injury, physical illness or mental illness
- Disabled or personally providing care for a disabled member of your FAP group
- Attending High School or a GED preparation program
- A pregnant woman who has medically documented complications **or** is beginning the 6th month of pregnancy.
- Applying for both SSI and FAP through the Social Security Administration
- Participating in a substance abuse treatment or rehabilitation program (This does not include Alcoholics Anonymous or Narcotics Anonymous group meetings)
- Applying for, receiving or appealing the denial of unemployment compensation

Let your specialist know as soon as possible if you have a good reason for not following FAP work requirements, such as you did not have child care or transportation, or you or your child were ill. Your FAP will not be reduced if you have "good cause" for not complying with a work rule.

### **Voluntary Employment, Education and Training Opportunities**

Employment services may be available if you are looking for a job or want to find a better job. There may be education and job training programs available in our area. Participating in some of these programs may also meet FAP work requirements. Ask your DHS specialist or local Michigan Works! Agency to tell you about voluntary education and job training programs that are available.

## **TIME-LIMITED FOOD ASSISTANCE**

Special work requirements and time limits apply if you are not deferred from FAP work requirements and are an able bodied (not disabled) adult who is at least 18 years old and less than 50 years old, and have no children living in your home (related or unrelated). Your specialist will give you a "Time Limited Food Assistance Notice" that explains these requirements. If you have questions, be sure to contact your specialist.

**PLEASE KEEP THIS PAGE.**

**ACKNOWLEDGMENTS**  
State of Michigan  
Department of Human Services

**This is your copy of your rights and responsibilities as an applicant for or recipient of assistance benefits. By signing the application you acknowledge that you understand your rights and responsibilities.**

- 1. Non-discrimination.** In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Noncitizens who live in your household who choose not to apply for benefits do not have to provide a Social Security Number or information about their immigration status. Other eligible members of your household will still be able to receive benefits. Persons applying only for the Child Development and Care Program do not have to provide a Social Security Number and do not have to provide information about the immigration status of themselves or others in their household other than the children they are requesting care for. However all persons who live in your household must provide information about their income and resources.

- 2. Reporting Changes.** I understand that the department needs to know of any changes in income or assets of all persons listed on the application form. I will report any change in my living arrangement, such as address change, persons coming to live with me or leaving home, getting married, and so on. I will tell the department of a change **within ten days** of the change. I understand that if I intentionally do **not** do this, I can be prosecuted for fraud or perjury.

If I begin employment, I must report this within 10 days of my start date.

The types of changes that must be reported **within ten days** of the date I first know about them are:

- Employment starts or stops
- Change of employer
- Change in rate of pay
- Hours of work change by more than 5 hours per week if it will last more than one month.
- Unearned income starts or stops (examples: Social Security, pension, unemployment and retirement)
- Unearned income changes by more than \$50 since the last reported change  
Exception: For Medicaid only (except for Healthy Kids), you must report a change of more than \$25.
- Health or hospital insurance premiums or coverage change
- Child care need or provider changes
- Change of address and shelter costs
- Child support expenses paid
- Change of persons in the home

My specialist will notify me if my reporting requirements change. If I have any doubt about whether to report a change, I will ask my Department of Human Services specialist.

## PLEASE KEEP THIS PAGE.

3. **Social Security Numbers.** I understand that the social security number is required by federal law (42 USC 1320b-7) for all persons applying for assistance. If I do not have a social security number for each person, the department will help me apply for one. I understand that if I apply on my own, including at the hospital at the time of my child's birth, I must provide the social security number to the department immediately after receiving it. Failure to do so may result in an overpayment which I must repay. If applying for CDC only, providing your social security number is voluntary and may be used for establishing identity, tracking and report purposes. Aliens who cannot get a social security number may still qualify for Medicaid emergency services.
4. **Child Support.** I understand that I have the right to claim good cause for not cooperating in establishing paternity and obtaining child support and that cooperation is not required to get Medicaid for children or pregnant women.
5. **Domestic Violence Waivers of Program Requirements.** I understand that if certain program requirements (such as working, looking for a job, or going to school) would put me in danger of physical, emotional or sexual abuse, expose me to further harm or unfairly penalize me, waivers may be available. More information about these waivers is available from my specialist if I am interested in program requirements which may be waived. You are authorized for domestic violence comprehensive services. Contact your specialist or local DHS to access these services.
6. **Hearings.** I understand that if I do **not** agree with any decision made on any matter concerning my case, I have the right to ask for an administrative hearing. I understand that I can ask for information about an administrative hearing by calling the local Department of Human Services office and that I can request an administrative hearing by writing to the local Department of Human Services office. For Food Assistance benefits, I may request an administrative hearing in person, in writing or by telephone.

I understand that if I want someone else to request a hearing for me or represent me in a hearing, that person must first have written authorization to do so unless that person is my attorney, or for Medicaid only, my spouse. The Department of Human Services administrative hearings must have one of the following:

- my original signed statement authorizing the person to request a hearing; **or**
- a copy of the court order naming the person as my guardian or conservator.

Otherwise, my hearing request will be denied.

7. **Food Assistance Benefit Rules.** I understand that if my household receives Food Assistance benefits, it must follow the rules listed below. I will also follow the instructions for reporting changes as described in Item 2 of these Acknowledgments. If my household holds back information about changes on purpose, it will owe the value of any extra Food Assistance benefits received as a result. If any information is found to be inaccurate, I may be denied Food Assistance benefits. I may also be subject to criminal prosecution for knowingly providing false information. Any member of my household who breaks any of these rules on purpose can be barred from the Food Assistance program for 1 year for the first violation, 2 years for the second violation, and life for the third violation; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws. A court can also bar an individual from the Food Assistance program for an additional 18 months.
- **DO NOT** give false information, or hide information, to get or continue to get Food Assistance benefits.
  - **DO NOT** trade or sell Food Assistance benefits or Bridge Cards.
  - **DO NOT** use Food Assistance to buy ineligible items, such as alcoholic drinks and tobacco.
  - **DO NOT** use someone else's Food Assistance benefits or electronic benefits cards for your household.

If any member of my household is found guilty in court of the trading of controlled substances (drugs) for Food Assistance, that member will be barred from the Food Assistance Program for 2 years for the first

## PLEASE KEEP THIS PAGE.

offense and life for the second offense. If any member of my household is found guilty in court of the trading of firearms, ammunition or explosives for Food Assistance, that member will be barred from the program for life. If any member of my household is found guilty of trafficking Food Assistance of \$500 or more, that member will be barred from the program for life. Any person who obtains Food Assistance benefits in 2 or more cases at the same time will be barred from the Food Assistance program for 10 years.

- 8. Fraud disqualification.** I understand I can be prosecuted for fraud if I intentionally make a false or misleading statement or misrepresent, conceal or withhold facts for the purpose of establishing or maintaining my group's eligibility or increasing or preventing reduction of benefits.

Any person who is found guilty of fraud, pleads guilty to fraud or waives legal rights concerning an allegation of fraud or FAP Trafficking will be barred from the Family Independence Program or State Disability Assistance program or Food Assistance Program for 1 year for the first violation, 2 years for the second violation, and life for the third violation. A person who is convicted of having made a fraudulent statement regarding his residence in order to receive assistance simultaneously in 2 or more cases shall be ineligible for the Family Independence Program for 10 years from the date of conviction. Assistance includes programs funded under Title IV-A of the Social Security Act, Medicaid, Food Assistance benefits and Supplemental Security Income. These special penalties do not stop you from receiving medical assistance.

- 9. Repayment of benefits.** I understand that any adult in the household at the time a benefit overpayment occurs is responsible for repayment of any extra benefits received from DHS. This does not apply to Agency errors in medical assistance.

A Food Stamp Authorized Representative may also be responsible for repayment of any extra Food Assistance benefits received in error.

If an overpayment occurs, the information on this application, including Social Security Number, may be referred to Federal, State and private agencies for collection actions.

- 10. Investigations.** I understand that my application might be one of those chosen for a complete investigation and that a Department of Human Services representative might call at my home and might contact other people in order to verify my eligibility for assistance.

- 11. Computer cross-checking.** I understand that the information I give on this application will be verified by computer cross-checking with other public and private agencies.

The information obtained through this cross-checking may be verified through collateral contact when discrepancies are found. The information may affect both my eligibility for and the level of my benefits.

Wages reported by my employer(s) to the Michigan Department of Consumer and Industry Services will be checked against wage information I report to the Department of Human Services. My social security number will be used to check this information. Throughout the year, my social security number will also be checked with other sources such as the Internal Revenue Service (IRS), unemployment compensation, and the Social Security Administration concerning income or assets.

Information may be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law if I am receiving FIP and Food Assistance. This does not apply to medical assistance.

- 12. Medical Information.** By signing the application form, I understand that the Department of Human Services and Michigan Department of Community Health, may get and use\* necessary medical information about me or any of my wards or my minor children, including any information relative to HIV, ARC, or AIDS if applicable. This information will only be obtained and used as necessary to determine eligibility for a specific program or for other program administration purposes. DHS's treatment of protected health information (PHI) complies with HIPAA requirements.

\*Some examples of uses are with auditors, caregivers, etc. State law (MCL 333.5131(8)) provides that a person who shares HIV, ARC, or AIDS information except as authorized by signed release or by law may be found "guilty of a misdemeanor punishable by imprisonment for **not** more than 1 year or a fine of **not** more than \$5,000.00, or both, and is liable in a civil action for actual damages or \$1,000.00, whichever is greater, and costs and reasonable attorney fees."



**PLEASE KEEP THIS PAGE.**

- 13. Coordination of health care and benefits of participants in medical assistance programs.** I understand that necessary information about me (or my child or ward) may be shared between Medicaid managed care health plans and programs to identify all such health plans and programs in which I (or my child or ward) participate. I also understand that the health plans, programs, and providers that deliver health care to me (or my child or ward) may share necessary information in order to manage and coordinate health care and benefits. This information may include, when applicable, information relative to HIV, ARC, AIDS or other communicable diseases, information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse as permitted by 42 CFR Part 2.
- 14. Immunizations (Shots) For Children.** If my household is eligible to receive Family Independence Program benefits, I understand that the amount of those benefits will be reduced by \$25.00 for each month any of my children under the age of six (6) are not immunized as recommended by the Michigan Department of Community Health.
- 15. Child Development and Care (CDC).** I understand that:
- I am responsible for all child care costs, including benefits which may have been authorized but for which I no longer qualify, based on a change in circumstances.
  - I am not eligible for CDC benefits before the need exists or before the DHS local office receives my signed application.
  - If a reported change results in a reduction in benefits, the reduction will be made as soon as administratively possible by DHS without advance notice.
  - If approved for CDC, I may only use child care services during the times that I and all other parents/substitute parents in my home are unavailable due to employment, high school completion classes, approved education and training activities and approved activities for a health or social condition.
  - To be eligible for CDC payment, child care must be provided in Michigan by:
    - A licensed Child Day Care Center
    - A licensed Group Day Care Home
    - A registered Family Day Care Home.
    - A DHS-enrolled Day Care Aide who provides the child care in the home where the child lives
    - A DHS-enrolled adult Relative Care Provider who provides the child care in his/her home and
      - is an adult grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of the child needing care, and
      - does not live in the same home as the child
  - If I use a Day Care Aide, I am the employer and responsible:
    - to discuss health and safety issues such as: emergency phone numbers, storage of poisons, handwashing, diapering, discipline procedures and immunization records with the aide.
    - for the employer's share of any employer's taxes which need to be paid.
    - to get and keep receipts to verify the money that I paid to my Day Care Aide for DHS-funded child care. (If my Day Care Aide is not paid, other DHS benefits I receive may be affected.)
  - My Day Care Aide or Relative Care Provider will not be enrolled and will not receive payment, or will stop receiving payment, if he/she reports, or a criminal background check shows, that he/she has been convicted of certain crimes.
  - My Day Care Aide or Relative Care Provider will not be enrolled and will not receive payment, or will stop receiving payment, if he/she (and/or for Relative Care Providers, any adult reported as living in his/her home,) is on the Central Registry as a perpetrator on a substantiated Children's Protective Services case.
  - As a condition of eligibility for CDC, it is my responsibility to pursue other benefits for which I may be eligible, such as child support, unemployment benefits, etc., and I must cooperate in child support actions.

<p><b>Do you need the department to provide an interpreter to help you at the interview?</b> ( ) yes ( ) no If yes, what language? _____</p> <p><b>¿Necesita que le proporcione un intérprete para que le ayude en la entrevista?</b> ( ) si ( ) no</p> <p><b>Si dice que sí, ¿que idioma hablan en su casa?</b> _____</p> <p>هل تريد من الدائرة أن توفر لك مترجما كي يساعدك أثناء المقابلة؟ نعم ( ) لا ( ) إذا أجبت بنعم فما هي اللغة التي تتحدثها في المنزل؟ _____</p>		<p align="center"><b>FOR OFFICE USE ONLY</b></p> <p>Grantee Name _____</p> <p>Grantee Client ID _____</p> <p>Case Number _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">County</td> <td style="width: 15%;">District</td> <td style="width: 15%;">Section</td> <td style="width: 15%;">Unit</td> <td style="width: 40%;">Specialist</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					County	District	Section	Unit	Specialist					
County	District	Section	Unit	Specialist												
<b>APPLICANT INFORMATION. PLEASE PRINT</b>																
1. Name (First, Middle, Last) _____			2. Date of Birth (Mo/Day/Yr) _____		3. Phone Number ( ) _____											
4. Residence Address (Number, Street, Rural Route, Apt. No.) _____		City _____	County _____	State _____	Zip code _____											
5. Mailing Address (If Different From Above) _____		City _____	County _____	State _____	Zip code _____											
6. Directions to Home _____																
7. If anyone in your home uses a teletype for the deaf, enter TDD or TTY Number: ( ) _____		8. Name of person and phone number where you can be reached. Name (First, Last) _____			Phone No. ( ) _____											
9. Is your household homeless? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No											
10. Do you and/or your household intend to stay in Michigan? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No											
11. Have you and/or your household come to Michigan looking for work or with a job commitment? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No											
12. Have you moved here or received money or benefits (Cash Assistance, Food Stamps, Medical Assistance, etc.) from another state since August of 1996? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No											
13. If yes, what state? _____ County: _____ When did you move? _____ Worker phone number: ( ) _____																
<b>14. Check the Programs you are applying for</b>		<input type="checkbox"/> Cash Assistance (rent and other daily living expenses) <input type="checkbox"/> State Emergency Relief (utility shut-off, eviction notice, or other emergency) <input type="checkbox"/> Medical Assistance (doctor bills, hospital bills, prescriptions, Medicare premiums) <input type="checkbox"/> Child Development and Care (CDC, child care payments) <input type="checkbox"/> Food Assistance Benefits (FAP, food)														
15. If you live in a nursing home or institution, name of nursing home or Institution: _____			Phone Number ( ) _____		Expected date of release: _____											
Address (number, street, rural route, apt. no.) _____		City _____	State _____	Zip code _____												
16. If you have a court-appointed guardian or conservator, name of guardian or conservator: _____			Do you pay guardian/conservator expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number ( ) _____											
Address (number, street, rural route, apt. no.) _____		City _____	State _____	Zip code _____												
17. Have you ever applied for, or received, assistance from the State of Michigan? .... <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>18 - 27 for FAP Only</b>		18. If you are eligible for Food Assistance and want someone else to shop for you, enter the name of an authorized representative: _____												
19. If you have received Food Assistance benefits before, do you still have your Bridge Card(s)? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No											
20. What is the total amount of CASH assets belonging to your household? (Include cash, savings, checking, savings bonds, etc.) \$ _____			21. What is the total INCOME your household will receive this month? (Include earnings, UCB, child support, Social Security benefits, etc.) \$ _____													
22. What is the total amount of your monthly rent and/or mortgage payment? \$ _____			23. Do you pay for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No If you do <u>not</u> pay for heat check utilities you pay for <input type="checkbox"/> water/sewer <input type="checkbox"/> telephone <input type="checkbox"/> cooking fuel <input type="checkbox"/> garbage/trash													
24. Is anyone in your household a migrant or seasonal farmworker? If <b>YES</b> , please answer questions 25 through 27. <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>NO</b> , skip to 28.			25. Has anyone in your household received any income this month? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how much? \$ _____ When? _____													
26. Did your household recently lose its only source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when? _____			27. Does anyone in your household expect to receive income this month? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, how much? \$ _____ When? _____ Any travel advance? <input type="checkbox"/> Yes <input type="checkbox"/> No											
28. If you are applying for someone else, complete the following information:																
Name (First, Middle, Last) _____			Relationship _____		Phone Number ( ) _____											
Address (Number, Street, Rural Route, Apt. No.) _____		City _____	State _____	Zip code _____												

1.

**ANSWER ALL QUESTIONS LISTED BELOW**

- **List yourself first and then all other persons who live in the home or are temporarily absent from your home.**
- **If you are applying for a patient in a nursing home, list the patient first, then the patient's spouse and other dependents at home, if any.**

Enter this person's racial heritage from the codes below. If you are multiracial, you may enter all codes that apply.  
(Answering this is voluntary.)

W = White  
B = Black  
S = Asian

I = American Indian  
A = Alaskan Native  
P = Native Hawaiian or Pacific Islander

Check box below if you are Hispanic or Latino.  
(Answering this is voluntary.)

Line No.	NAME (First, Middle, Last)	Do you want benefits for this person?		Relationship to you	Date of birth Mo / Day / Year	Social security number for those applying for assistance	US Citizen Y or N	Sex M or F		
		Yes	No							
1				SELF						<input type="checkbox"/>
2										<input type="checkbox"/>
3										<input type="checkbox"/>
4										<input type="checkbox"/>
5										<input type="checkbox"/>
6										<input type="checkbox"/>
7										<input type="checkbox"/>
8										<input type="checkbox"/>

2. Is any person listed above under the age of 18 and the parent of a child listed? ☐ Yes ☐ No **▶ If yes, enter the following:**  
 Person's name: \_\_\_\_\_ Child's name: \_\_\_\_\_

3. Is any child listed above under the age of 3 months? ☐ Yes ☐ No **▶ If yes, enter the following:**  
 Child's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

4. Is any person :	Yes	No	If yes, Who?	Who?	Who?	Who?
Attending school						
Disabled, blind or unable to work						
Caring for a disabled child or spouse						
A refugee						
A migrant						
Pregnant				Due Date		Due Date
Expecting more than one child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many? _____

5. Is anyone in the home other than a parent acting as the parent to a person under 21 years of age? ☐ Yes ☐ No **▶ If yes, enter name of person: \_\_\_\_\_ and child's name: \_\_\_\_\_**

6. Complete the information for each applicant who is NOT a U.S. Citizen. Send copy of the document that provides the person's legal status.	Name and date of US entry	Name and date of US entry	Name and date of US entry	Name and date of US entry

7. Is anyone in your household an alien who was sponsored for admission into the U.S.? ☐ Yes, who? \_\_\_\_\_ ☐ No

**EMPLOYMENT AND TRAINING**

	Yes	No	If Yes, who?
8. Is any person participating in a strike?			
9. Will any person begin a job before the end of the next calendar month?			
10. In the last 60 days has anyone: refused work, reduced the number of hours worked, quit a job, been laid off, or been fired?			

**ADDITIONAL INFORMATION**

	Yes	No	If Yes, who?
11. Is any person a U.S. armed forces veteran or widow, spouse, child or mother of a U.S. veteran?			
12. Is any person a fugitive felon? (answering this is voluntary if you are applying only for Medical Assistance.)			
13. Has any person ever been convicted of a felony for the possession, use or distribution of a controlled substance (drugs) occurring after August 22, 1996? (answering this is voluntary if you are applying only for Medical Assistance.)			
14. Does anyone applying have a husband or wife who is living someplace else?			
15. Are all children under 6 years of age up to date on their immunizations (shots)?			If No, who is not?
16. Do you or anyone in your home receive tribal food commodities?			If Yes, who?



## ANSWER ALL QUESTIONS LISTED BELOW

1. (Cont'd from top of page 2.)

Line No.	Enter this person's marital status using the codes below: M — Married N — Never Married D — Divorced S — Separated W — Widowed	Enter the date of marriage. Mo/Day/Yr	Does each person in the home buy, fix or eat food with person #1? Yes No	What was the highest school grade this person completed? (Use 13, 14, etc. for years past high school.)	Answer these questions for each person under 21 years old.															
					A Enter the name of this person's father.		B Is this person's father in the home?		C If B is NO, is this person's father dead?		D If B and C are NO, were the parents married to each other?		E If B, C & D are NO, was paternity legally established?		F Enter the name of this person's mother.		G Is this person's mother in the home?		H If G is NO, is this person's mother dead?	
					Name	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Name	Yes	No	Yes	No
1			SELF																	
2																				
3																				
4																				
5																				
6																				
7																				
8																				

17. If you need, or currently pay for, child care services, check why and explain. ☐ Work ☐ High school completion ☐ Health/social reasons  
☐ Michigan Works! Agency (MWA) or other approved education or training  
**If applying for Food Assistance only, do not complete D or G.** (includes approved post-secondary education)

A. Name of child needing care	B. Age	C. Cost of care and how often paid	D. Is provider related to child? How?	E. Name and address of care provider	F. Provider phone number	G. Provider ID Number

18. Is care provided in the home where the child lives?

☐ Yes ☐ No

19. Are you a foster parent to a child needing care?

☐ Yes ☐ No ☐ If yes, Who?**EMPLOYMENT INCOME**

20. Is any person employed or self-employed, including odd jobs.

☐ Yes ☐ No

If yes, and self employed, complete Section 21. All other yes responses, complete earned income on page 4.  
 Include employment of all household members.

**SELF-EMPLOYMENT**

21. Name of self-employed person	22. Gross monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed)	23. Is health insurance offered by business?	If Yes, enter amount of monthly premium, even if you are not covered by the insurance.	24. Type of business
	\$ per/month	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$ per/month	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**EARNED INCOME: (Answer All Questions)**

Name of person with earnings		Start date	Will employment continue <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is health insurance offered by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enter the amount of monthly premiums \$ even if you are not covered by the insurance		
Employer Name		<b>Monthly pay before taxes.</b> \$ _____ (tips included)		<b>Monthly take home pay after taxes.</b> \$ _____ (tips included)
Average number of hours per week	How often paid (length of pay period) <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every other week <input type="checkbox"/> Other	Day of week paid	Last pay date	Amount of last check
Rate of Pay \$ _____ Hourly \$ _____ Salary \$ _____ Other		Tips/bonus received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tips included in gross income on check stub? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average amount for tips \$ _____ / hour \$ _____ / week

Name of person with earnings		Start date	Will employment continue <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is health insurance offered by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enter the amount of monthly premiums \$ even if you are not covered by the insurance		
Employer Name		<b>Monthly pay before taxes.</b> \$ _____ (tips included)		<b>Monthly take home pay after taxes.</b> \$ _____ (tips included)
Average number of hours per week	How often paid (length of pay period) <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every other week <input type="checkbox"/> Other	Day of week paid	Last pay date	Amount of last check
Rate of pay \$ _____ Hourly \$ _____ Salary \$ _____ Other		Tips/bonus received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tips included in gross income on check stub? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average amount for tips \$ _____ / hour \$ _____ / week

Name of person with earnings		Start date	Will employment continue <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is health insurance offered by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enter the amount of monthly premiums \$ even if you are not covered by the insurance		
Employer Name		<b>Monthly pay before taxes.</b> \$ _____ (tips included)		<b>Monthly take home pay after taxes.</b> \$ _____ (tips included)
Average number of hours per week	How often paid (length of pay period) <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every other week <input type="checkbox"/> Other	Day of week paid	Last pay date	Amount of last check
Rate of Pay \$ _____ Hourly \$ _____ Salary \$ _____ Other		Tips/bonus received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tips included in gross income on check stub? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average amount for tips \$ _____ / hour \$ _____ / week

**OTHER INCOME:**

Does anyone receive money from:	Yes	No	If Yes, who receives?	Monthly amount	Claim #		If Yes, who receives?	Monthly amount	Claim #
Social Security Benefits (RSDI)						▶			
Supplemental Security Income (SSI)						▶			
Veterans benefits						▶			
<b>How Often Paid</b> <b>W = Weekly</b> <b>M = Monthly</b> <b>T = Twice a Month</b> <b>E = Every Other Week</b> <b>O = Other</b> _____						How often paid?			How often paid?
Workers Compensation						▶			
Disability benefits						▶			
Child support						▶			
Unemployment compensation						▶			
Retirement benefits						▶			
Military allotments						▶			
Gaming distributions (Casino profit sharing)						▶			
Is there any other income? Please specify						▶			

If you are applying for Food Assistance or Child Development and Care only do not complete this page.

**ASSETS: Complete this section by providing requested asset information, including assets held jointly.**

Does any person have any of the following:	Yes	No	Name(s) on the account	Name and address of bank, credit union, savings and loan	Account number	Balance
• Checking/Draft Accounts						
• Money Market Accounts						
• Savings/Share Accounts						
• Certificates of Deposit (C.D.)						
• Christmas Club Accounts						
• Patient Trust Fund						

Does any person have any of the following:	Yes	No	If Yes, give amount/value	Owner(s)	If Yes, give amount/value	Owner(s)
• Cash on hand or in safe deposit box						
• Real Estate (not including place you live) including income-producing and non-income-producing property						
• Mortgage, Land Contract or other notes payable to household member						
• Savings Bonds, Stocks or Mutual Funds						
• IRA, KEOGH, 401K or Deferred Compensation Account(s)						
• Trust funds						
• Life estate						
• Tools and equipment, livestock or crops						
• Life insurance or annuity						
• Burial plot(s), Casket, etc.						
• Burial Trust Funds/funeral contract(s)						
• Are there any other assets? Please specify						

**ADDITIONAL ASSET INFORMATION**

<p>Has any person sold or given away property, land, vehicles, stocks, bonds, savings, cash, checking, income, etc., closed any accounts or removed or added a name on any asset within the last 36 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____</p>	<p>Have you, or has anyone who lives with you, received a one-time cash payment (such as worker's compensation, lottery winnings, insurance settlement, lawsuit award, etc.) within the last 36 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____</p>
<p>Do you, or does any person living with you, have a pending lawsuit which may bring him/her money, property, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____</p>	<p>Have you, or has anyone living with you, or has anyone acting for any household member, ever put any money, lawsuit settlement, income or assets in a trust, annuity or similar legal device?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____</p>

**VEHICLE INFORMATION — List all vehicles owned or titled in the name of any person living in the home. Include vehicles owned jointly.**

Name of vehicle owner(s) (As shown on vehicle title or registration)	Type of vehicle	Year	Make/ Model	Amount owed

**If you are applying for Child Development and Care only, do not complete this page. Go to page 7.**

SHELTER (HOUSING) EXPENSES			Yes	No	Amount Paid Per Month	MEDICAL INFORMATION			Yes	No	Amount You Pay Per Month
1. Does any person have a rent, mortgage or other shelter expense?						13. Does any person have any of the following medical expenses:					
2. Does any person have a second mortgage or home equity loan as part of their shelter expense?						• Medical/Dental care					
3. Do you live in HUD, Section 8, MSHDA subsidized housing?						• Prescription drugs					
4. Do you have any of the following expenses separate from rent or mortgage?						• Prescribed over-the-counter drugs					
• Homeowner's insurance					Per Yr	• Hospitalization or nursing home care					
• Property Taxes					Per Yr	• Dentures/hearing aids/eyeglasses					
• Mortgage Guarantee Insurance						• Prosthetics					
• Cooperative/condominium/or association fee						• Seeing eye/hearing dog					
• Special Assessments						• Transportation for medical care					
• Renter's Insurance					Per Yr	• Personal care/chore services					
• Mobile Home Lot Rent						14. Is any person covered, or was any person covered in the last 3 months by:	Yes	No		If Yes, enter current monthly premium you pay.	
5. Do you or does your household share shelter expenses?						• Medicare					
6. Does your heat or utility meter service more than one unit?						Claim# _____					
						• An employer's group health plan					
						• A health or hospital insurance policy other than Medicaid					
						• I would like more information about the AMP employer sponsored insurance option					
<b>HEAT AND UTILITY EXPENSES</b>						<b>Do Not complete Items 15-22 if applying for FAP Only.</b>					
7. Do you have any of the following expenses separate from rent or mortgage?						15. Does any person have unpaid medical expenses for services provided in the last 3 months?	Yes	No		If Yes, Who?	
• Heat (gas, electric, propane, wood, etc).						16. Does any person pay for transportation to receive medical care for pregnancy or an ongoing medical problem?					
• Electricity (non-heat)						17. Does any person go to an alcohol or drug treatment program?					
• Water/Sewer						18. Has any person set up a plan or entered into a contract, such as a life care contract, that will pay for his/her medical care?					
• Telephone						19. Has any person had an accident or work-related illness or injury resulting in medical costs that may be paid by another person or an insurance company?	Yes	No		If Yes, Who?	
• Cooking Fuel						20. Has any person applied for benefits from the Social Security Administration?					
• Garbage/Trash Pick up						21. If yes to above question, answer questions (a-d).	Yes	No		If Yes, When?	
• Other (write in):						a. Has this person been denied SSI benefits because the Social Security Administration decided he/she is not disabled?					
8. Does any person receive or expect to receive, a home heating credit from the Michigan Department of Treasury?						b. If yes to question a, has the SSI denial been appealed?					
<b>OTHER LIVING ARRANGEMENTS</b>						c. If yes to question a, has this person's health condition changed?					
9. Do you pay anyone you live with for:						d. If yes to c, check appropriate change					
• Rent and meals						<input type="checkbox"/> Different impairment					
• Rent only						<input type="checkbox"/> Additional impairment					
• Meals only						<input type="checkbox"/> Impairment worsened					
10. Do you live in a commercial boarding house?						22. Has anyone ever attended or is anyone now attending a special education class?	Yes	No		If Yes, Who?	
11. Do you live in:											
• A drug or alcohol abuse treatment center											
• An adult foster care home											
• A home for the aged											
• A county infirmary											
• A shelter for battered women											
• An emergency shelter											
<b>OTHER EXPENSES</b>											
12. Does any person pay court-ordered child support or alimony?					Per Month						
If yes, who pays?											

**ASSIGNMENT OF BENEFITS****Support Payments.**

I understand that, as a condition of eligibility for the Family Independence Program, I am assigning to the Department of Human Services any rights to support I may have from another person for myself or any person for whom I am applying or receiving assistance. This assignment includes rights to present and future support, as well as support owed to me from past periods. Such payments will be used to reimburse the department up to the amount of assistance granted.

**Recovery of Medical Costs.**

I understand that when the Michigan Department of Community Health (MDCH) pays the cost of hospital, surgical, or medical services, any right to recover costs from a third person or public or private contractor, except Medicare, is transferred to the MDCH. Payment of any recovery under such right is to be made directly to the State of Michigan — MDCH.

**Supplemental Security Income (SSI) Payments.**

I authorize the Social Security Administration to make my first Supplemental Security Income (SSI) payment to the Department of Human Services (DHS), if I file an SSI claim for up to one year after the date this application is received by DHS. I further permit the DHS to deduct from such first payment an amount that is enough to pay back my interim assistance. After keeping such amount, the DHS shall promptly pay the balance, if any, to me. I understand that I have the right to a hearing from the DHS if I disagree with the amount deducted from the first payment. Interim assistance means State Disability Assistance money paid to meet my basic needs, excluding assistance payments financed wholly or partly with federal funds, while my SSI claim is pending. If I receive the first SSI benefits payment directly, I agree to pay the DHS promptly for any interim assistance advanced while the claim for SSI was pending. This release is **not** to be regarded by the Social Security Administration (SSA) as an intent to file for SSI unless I actually file a claim for SSI, on a prescribed form, within 60 days.

**RELEASES****Social Security Information.**

I authorize the Social Security Administration to give to the Department of Human Services all information necessary to determine my eligibility for benefits under the Family Independence Program, Medicaid, Food Assistance, Child Development and Care, State Disability Assistance, or State medical programs until the second month following the expiration of my eligibility based on the current application.

**Child Support Payment Information**

I authorize release of child support payment information from the Michigan Child Support Enforcement System for myself or for any person for whom I am applying for or receiving assistance for under the Family Independence Program, Medicaid, Food Assistance, Child Development and Care, State Disability or state medical programs.

**Charitable Groups.**

I authorize the department to give my name, the first name(s) and age(s) of the child(ren) living with me, and my address when requested by a charitable group whose purpose is to provide goods or services to my household. The group must be known to DHS staff for its charitable work. The information given to the group cannot be used for personal, political, commercial or religious reasons.

**Child Development and Care.**

I authorize the department to send notices and/or provide information to my child care provider(s) when: 1) child care services have been authorized, or 2) when there are changes in the authorization information previously given to the provider, or 3) my application for Child Development and Care (CDC) services is denied or withdrawn, or 4) my CDC case is cancelled. I also authorize the department or any child care center that may provide care for my child(ren) to release information necessary to determine my right to benefits under any local, state or federal program.

**Eligibility Information.**

I understand that the information I have provided will be used to make sure my household is eligible for Food Assistance benefits, other federal and state assistance programs, and federally assisted state programs such as school lunch, Family Independence Program, and Medicaid. Fraudulent participation in the Food Assistance Program may result in criminal or civil action or administrative claims. I understand that this application may be chosen for further Department investigation.

**AFFIDAVIT**

I certify, under penalty of perjury, that all the information that I have written on this form or told to a specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. I also know that if I have intentionally left out any information or if I have given false information, which causes me to receive assistance I am **not** entitled to or more assistance than I am entitled to, I can be prosecuted for fraud and/or required to repay the amount wrongfully received.

**IMPORTANT: YOU MUST SIGN THE APPLICATION**

**I certify that I have received and reviewed a copy of the Acknowledgments, that explains additional information about applying for and receiving assistance benefits.**

Signatures: Client or Representative	Date	Department Witness (when in-person interview completed)	Load #	Date
_____		_____		
_____		_____		
_____		_____		
Signature of Migrant Recruiter	Date	Migrant Recruiter Address		

## NOTES

[illegible]

# State of Michigan

## Voter Registration Application and Michigan Driver License/ Personal Identification Card Address Change Form Instructions

### You can use this form to:

- Register to vote in Michigan, or
- Change your name or address on your voter registration.

### To register to vote in Michigan you must be:

- A resident of Michigan and the city or township where you are applying to register to vote.
- A citizen of the United States of America.
- At least 18 years of age (by election day).
- Not serving a sentence in jail or prison.

### Voter registration and driver license address must be the same:

Michigan law requires that the same address must be used for voter registration and driver license purposes. Therefore, if the residence address you provide on this form differs from the address shown on a driver license or personal identification card issued by the State of Michigan, the Secretary of State will automatically change your driver license or personal identification card address to match the residence address entered on this form. If an address change is made, the Secretary of State will mail you an address update sticker for your driver license or personal identification card.

### Special instructions:

Every person residing in Michigan lives in either a city or a township. If you do not know the name of your city or township, please describe your location in the space provided for "If no house number or street address." Providing cross streets/

roads and landmarks will help the clerk correctly identify your city or township.

Please sign and date in the two spaces marked with an "X". The additional signature will be used to prepare a village voter registration record if needed.

Your application is not valid until accepted by the clerk of the city or township in which you reside. If you have questions or do not receive a Voter I.D. Card within three weeks, contact your city or township clerk.

### Mailing address option provided:

If you would prefer to receive mail related to your voter registration or driver license/personal identification card at an address other than your residential address, provide a mailing address where indicated on the form. If you provide a mailing address, it will not appear on your voter I.D. card or driver license/personal identification card.

### Information on registering to vote at a department:

If you believe that someone has interfered with your right to register or to decline to register to vote or your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Secretary of State, P.O. Box 20126, Lansing, MI 48901-0726.

A voter registration application must be completed by the "close of registration" for an upcoming election in order to be effective for that election. If the application is not completed by the "close of registration" for the next election, it will be effective for future elections.

## Instructions for Registering by Mail

Fold application in thirds and staple or tape together at bottom. Address and mail to your county or local clerk as instructed on the reverse side.

Completed applications must be received or postmarked by the "close of registration" for an upcoming election in order to be effective for that election. If the application is not submitted in time for the "close of registration" for the next election, it will be effective for future elections.

### Are you registering to vote in Michigan for the first time?

If you have never voted in Michigan and choose to submit this form by mail, **you must appear in person to vote in the first election in which you wish to participate.** This requirement does not apply if :

- (1) you or another person hand delivers this form to your county, city or township clerk's office instead of mailing the form, or
- (2) you are 60 years of age or more, or
- (3) you are disabled, or
- (4) you are eligible to vote under the Uniformed and Overseas Citizens Absentee Voting Act.

If you have never voted in Michigan and choose to submit this form by mail, you must also meet a new identification requirement provided under federal law. To comply with the identification requirement, you must:

- (1) accurately enter your state issued driver license number or personal ID card number where requested on this form, or
- (2) send one of the following forms of identification when mailing this form to your county, city or township clerk: a COPY of a current and valid photo identification (such as a driver license or personal ID card) or a COPY of a paycheck stub, utility bill, bank statement or a government document which lists your name and address. **DO NOT SEND ORIGINAL DOCUMENTS BY MAIL.**

If you are subject to the identification requirement and do not meet the requirement as explained above, an acceptable form of identification will be requested before you vote in the first election in which you wish to participate.

**Note:** The identification requirement does not apply if :

- (1) you or another person hand delivers this form to your county, city or township clerk's office instead of mailing this form, or
- (2) you are disabled, or
- (3) you are eligible to vote under the Uniformed and Overseas Citizens Absentee Voting Act.



If you know or can locate the correct address, mail your application directly to your city or township clerk.  
Otherwise, mail this form to your **county** clerk, who will forward it.

#### Selected City Clerks' Addresses

You must live within the city limits to use a city clerk's address

<b>Ann Arbor</b>	P.O. Box 8647, Ann Arbor, 48107-8647	<b>Livonia</b>	33000 Civic Center Dr, Livonia, 48154-3097
<b>Battle Creek</b>	10 N. Division St, Battle Creek, 49014-4004	<b>Pontiac</b>	47450 Woodward, Pontiac, 48342-5021
<b>Bay City</b>	301 Washington Ave, Bay City, 48708-5866	<b>Roseville</b>	29777 Gratiot, Roseville, 48066-0290
<b>Dearborn</b>	13615 Michigan Ave, Dearborn 48126-3586	<b>Royal Oak</b>	PO Box 64, Royal Oak, 48068-0064
<b>Detroit</b>	2978 W. Grand Blvd, Detroit, 48202-3069	<b>Saginaw</b>	1315 S. Washington, Saginaw, 48601-2599
<b>Dearborn Heights</b>	6034 Fenton, Dearborn Heights, 48127-3294	<b>St. Clair Shores</b>	27600 Jefferson Cr. Dr, St. Clair Shores, 48081-9971
<b>East Lansing</b>	410 Abbott Rd, East Lansing, 48823-3388	<b>Southfield</b>	PO Box 2055, Southfield, 48037-2055
<b>Farmington Hills</b>	31555 Eleven Mile Rd, Farmington Hills, 48336-1165	<b>Sterling Heights</b>	PO Box 8009, Sterling Heights, 48311-8009
<b>Flint</b>	1101 S. Saginaw, Flint, 48502-1416	<b>Taylor</b>	23555 Goddard, Taylor, 48180-4117
<b>Grand Rapids</b>	300 Monroe Ave. NW, Grand Rapids, 49503-2281	<b>Troy</b>	500 W Big Beaver, Troy, 48084-5285
<b>Kalamazoo</b>	241 W. South St, Kalamazoo, 49007-4796	<b>Warren</b>	29500 Van Dyke Ave, Warren, 48093-6726
<b>Lansing</b>	124 W. Michigan, Lansing, 48933-1694	<b>Westland</b>	36601 Ford Rd, Westland, 48185-2298
<b>Lincoln Park</b>	1355 Southfield Rd, Lincoln Park, 48146-2380	<b>Wyoming</b>	PO Box 905, Wyoming, 49509-0905

#### County Clerks' Addresses

Use if you cannot locate your city or township clerk

<b>Alcona</b>	P.O. Box 308, Harrisville, 48740-0308	<b>Keweenaw</b>	4th St., Eagle River, 49924-0007
<b>Alger</b>	101 Court St., Munising, 49862-1196	<b>Lake</b>	800 Tenth St., Suite 200, Baldwin, 49304-7971
<b>Allegan</b>	113 Chestnut St., Allegan, 49010-1350	<b>Lapeer</b>	255 Clay St., Lapeer, 48446-2298
<b>Alpena</b>	720 Chisholm St., Alpena, 49707-2488	<b>Leelanau</b>	P.O. Box 467, Leland, 49654-0467
<b>Antrim</b>	205 E. Cayuga, Bellaire, 49618-0520	<b>Lenawee</b>	425 N. Main, Adrian, 49221-2198
<b>Arenac</b>	P.O. Box 747, Standish, 48658-0747	<b>Livingston</b>	200 E. Grand River, Howell, 48843-2399
<b>Baraga</b>	16 N. 3rd St., L'anse, 49946-1085	<b>Luce</b>	407 W. Harrie St., Newberry, 49868-1208
<b>Barry</b>	220 W. State St., Hastings, 49058-0220	<b>Mackinac</b>	100 N. Marley, St. Ignace, 49781-1491
<b>Bay</b>	515 Center St., Bay City, 48708-5994	<b>Macomb</b>	40 N. Main St., Mt. Clemens, 48043-5661
<b>Benzie</b>	P.O. Box 398, Beulah, 49617-0398	<b>Manistee</b>	415 3rd St., Manistee, 49660-1606
<b>Berrien</b>	811 Port St., St. Joseph, 49085-1198	<b>Marquette</b>	234 W. Baraga Ave., Marquette, 49855-4782
<b>Branch</b>	31 Division St., Coldwater, 49036-1990	<b>Mason</b>	304 E. Ludington Ave., Ludington, 49431-2121
<b>Calhoun</b>	315 W. Green St., Marshall, 49068-1585	<b>Mecosta</b>	400 Elm St., Big Rapids, 49307-1849
<b>Cass</b>	P.O. Box 355, Cassopolis, 49031-0355	<b>Menominee</b>	839 10th Ave., Menominee, 49858-3000
<b>Charlevoix</b>	203 Antrim St., Charlevoix, 49720-1397	<b>Midland</b>	220 W. Ellsworth St., Midland, 48640-5194
<b>Cheboygan</b>	P.O. Box 70, Cheboygan, 49721-0070	<b>Missaukee</b>	P.O. Box 800, Lake City, 49651-0800
<b>Chippewa</b>	319 Court St., Sault Ste. Marie, 49783-2194	<b>Monroe</b>	106 E. 1st St., Monroe, 48161-2185
<b>Clare</b>	P.O. Box 438, Harrison, 48625-0438	<b>Montcalm</b>	P.O. Box 368, Stanton, 48888-0368
<b>Clinton</b>	P.O. Box 69, St. Johns, 48879-0069	<b>Montmorency</b>	P.O. Box 789, Atlanta, 49709-0789
<b>Crawford</b>	200 W. Michigan, Grayling, 49738-1798	<b>Muskegon</b>	990 Terrace, Muskegon, 49442-3378
<b>Delta</b>	310 Ludington St., Escanaba, 49829-4057	<b>Newaygo</b>	P.O. Box 885, White Cloud, 49349-0885
<b>Dickinson</b>	P.O. Box 609, Iron Mountain, 49801-0609	<b>Oakland</b>	1200 N. Telegraph, Pontiac, 48341-0413
<b>Eaton</b>	1045 Independence Blvd., Charlotte, 48813-1095	<b>Oceana</b>	P.O. Drawer 653, Hart, 49420-0653
<b>Emmet</b>	200 Division St., Petoskey, 49770-2444	<b>Ogemaw</b>	806 W. Houghton Ave., West Branch, 48661-1215
<b>Genesee</b>	900 S. Saginaw, Flint, 48502-1571	<b>Ontonagon</b>	725 Greenland Rd., Ontonagon, 49953-1492
<b>Gladwin</b>	401 W. Cedar Ave., Gladwin, 49624-2088	<b>Osceola</b>	301 W. Upton, Reed City, 49677-1149
<b>Gogebic</b>	200 N. Moore, Bessemer, 49911-1052	<b>Oscoda</b>	P.O. Box 399, Mio, 48647-0399
<b>Grand Traverse</b>	400 Boardman Ave., Traverse City, 49684-2577	<b>Otsego</b>	225 W. Main St., Gaylord, 49735-1393
<b>Gratiot</b>	P.O. Drawer 437, Ithaca, 48847-0437	<b>Ottawa</b>	414 Washington, Grand Haven, 49417-1494
<b>Hillsdale</b>	29 N. Howell St., Hillsdale, 49242-1698	<b>Presque Isle</b>	P.O. Box 110, Rogers City, 49779-0110
<b>Houghton</b>	401 E. Houghton Ave. Houghton, 49931-2099	<b>Roscommon</b>	P.O. Box 98, Roscommon, 48643-0098
<b>Huron</b>	250 E. Huron Ave., Bad Axe, 48413-1386	<b>Saginaw</b>	111 S. Michigan, Saginaw, 48602-2086
<b>Ingham</b>	P.O. Box 179, Mason, 48854-0179	<b>Sanilac</b>	60 W. Sanilac, Sandusky, 48471-1094
<b>Ionia</b>	100 Main St., Ionia, 48846-1697	<b>Schoolcraft</b>	300 Walnut, Manistique, 49854-1487
<b>Iosco</b>	P.O. Box 838, Tawas City, 48764-0838	<b>Shiawassee</b>	208 N. Shiawassee, Corunna, 48817-1491
<b>Iron</b>	2 S. 6th St., Crystal Falls, 49920-1495	<b>St. Clair</b>	201 McMorran Blvd., Port Huron, 48060-4082
<b>Isabella</b>	200 N. Main St., Mt. Pleasant, 48858-2393	<b>St. Joseph</b>	P.O. Box 189, Centreville, 49032-0189
<b>Jackson</b>	312 S. Jackson St., Jackson, 49201-2220	<b>Tuscola</b>	440 N. State St., Caro, 48723-1592
<b>Kalamazoo</b>	201 W. Kalamazoo Ave., Kalamazoo, 49007-3777	<b>Van Buren</b>	212 E. Paw Paw, Paw Paw, 49079-1496
<b>Kalkaska</b>	P.O. Box 10, Kalkaska, 49646-0010	<b>Washtenaw</b>	P.O. Box 8645, Ann Arbor, 48107-8645
<b>Kent</b>	300 Monroe N.W., Grand Rapids, 49503-2288	<b>Wayne</b>	211 City County Bldg., Detroit, 48226-3463
		<b>Wexford</b>	437 E. Division, Cadillac, 49601-1905





**Michigan Voter Registration Application**  
**Michigan Driver License/Personal Identification Card Address Change Form**  
 (For use by Michigan designated agencies only.)

Date \_\_\_\_\_  
 Initials \_\_\_\_\_  
 (Agency Receipt)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- ☐ YES - If you choose to register to vote, the office at which you submit the voter registration application will remain confidential and will only be used for voter registration purposes. ☐ NO - If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes.

**Applying to register or declining to register will not affect the amount of assistance that you will be provided by this agency. If you do not check either box, you will be considered to have decided not to register to vote at this time.**

Applicant Signature \_\_\_\_\_ Address \_\_\_\_\_

If you checked YES, read instructions and information and complete application below; you will be given this portion as your receipt. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you choose, you can take this form with you and complete and mail as directed.

**PLEASE PRINT INFORMATION CLEARLY**

**State of Michigan Voter Registration Application**  
**and Michigan Driver License/Personal Identification Card**  
**Address Change Form (For use by Michigan designated Agency Only)**

This Space For Agency Use Only  
 Date Application Received: \_\_\_\_\_

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**If you checked "No" in response to either of these questions, do NOT complete this form.**

Last Name		First Name		Middle Name
Address where you live (house number and street/road)				Apt. No./Lot No.
City	<b>MI</b>	Zip Code	Telephone (optional) (    )	
If you do not have a house number or street address, describe location where you live - cross streets or roads, landmarks, etc.				
<input type="checkbox"/> City or <input type="checkbox"/> Township where you live		County where you live		School District (if known)
Mailing Address (if different) <input type="checkbox"/> For use on Driver License/Personal ID and Voter Registration <input type="checkbox"/> For use on Voter Registration only				
Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
ID Number <i>check applicable box and provide appropriate number</i> <input type="checkbox"/> I have a state issued driver license or personal ID card # _____ <input type="checkbox"/> I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are _____ <input type="checkbox"/> I do not have a state issued driver license, a state issued personal ID card or a Social Security Number. <i>An ID number will be assigned to you for voter registration purposes.</i>				
Are you still registered to vote at your last address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "Yes" or "Don't Know" enter previous address)				
Previous Street Address		Name of: <input type="checkbox"/> City or <input type="checkbox"/> Township		County
State	Zip Code	Registered under name of: (if different than above)		

**Voter Declaration - Read and Sign. I certify that:**

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30 day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

FORM# NSP-938B (Rev. 5-04) Previous edition may be used. (Web version)

**X** \_\_\_\_\_  
 Signature of Applicant Date

**X** \_\_\_\_\_  
 Signature of Applicant Date

**Sign and date both spaces provided above.**

Place  
First-class  
Postage  
Stamp  
Here

Clerk of

County, City of Township

Address

MI

CityZip Code

# **Early Childhood Standards of Quality for Infant and Toddler Programs**

**Michigan State Board of Education  
December 12, 2006**



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The strands, most goals and some text:

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*Te Whāriki: He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa: Early Childhood Curriculum*. Wellington, New Zealand: Learning Media.

# Early Childhood Standards of Quality for Infant and Toddler Programs

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## Acknowledgments

After the Michigan State Board of Education approved *Early Childhood Standards of Quality for Prekindergarten* (ECSQ-PK) in March 2005, early childhood leaders and practitioners in Michigan turned their thoughts immediately to a similar document to address both early learning outcomes and quality program standards for settings serving infants and toddlers. It was clear that the new document would be more difficult to develop since it would be “from scratch,” where the ECSQ-PK document was a revision and compilation of previous work. Starting from the ECSQ-PK framework, an Ad Hoc Committee and a Steering Committee were convened, and work began in the spring of 2005.

Quality in program standards, although calling for much discussion, was not terribly difficult to define. The groups decided early that program standards would need to address family and group family child care settings as well as center-based, classroom programs, since so many infants and toddlers are cared for in family settings. The committee considered child care licensing rules as the basis for a system of quality programming, and built upon, but did not necessarily repeat, those rules in these quality standards. The decision was also made not to include relative and aide, or nanny care, whether it occurred in the child’s own home or the caregiver’s home, unless the home was regulated by child care licensing rules. The ECSQ-PK document provided guidance in many areas and the final document includes topics similar to the topics for preschool children, although the relationship with families permeates the other standards in the infant-toddler document and is not set aside separately as it is for the preschool document.

Defining reasonable outcomes for infants’ and toddlers’ development and learning proved a much more difficult task. The Ad Hoc Committee met and discussed a framework based on five developmental areas set out by the National Educational Goals Panel in the early 1990s: Physical Well-Being and Motor Development, Social and Emotional Development, Approaches Toward Learning, Language Development, and Cognition and General Knowledge. The framework of these five developmental domains was used in the ECSQ-PK document, with additions to make clear the alignment to Grade Level Content Expectations in kindergarten and the primary grades. Similar documents for infants and toddlers from other states were consulted, and a working draft was developed. The Steering Committee met to review this initial draft, and members were very uncomfortable. The framework resembled a checklist or developmental wheel; the information included was readily available at any bookstore with a section on parenting or child development. The committee considered what contribution this document could make, what influence on the field. Would it negatively reduce the entire importance of infant and toddler programs to making sure they were meeting the developmental milestones in a timely manner? Worse, might it be used to assess children who would be within the wide range of “normal” development to reach certain milestones earlier? Would that help meet the agreed-upon goal of making sure children in the earliest years are “safe, healthy, and eager to succeed in school and in life”? The Steering Committee asked: What contribution could the State Board of

Education definitions of reasonable early development and learning outcomes make to the early childhood field? How could the State Board of Education promote the highest practices in settings for infants and toddlers that would help reach the state-wide goal? Clearly, the Steering Committee was searching for an alternate framework that would include goals for children's development and learning, but in a broader, environmental context. The committee expressly wanted the responsibility for children's development to fall on the adults in children's lives, their families and caregivers, and not on the small shoulders of babies and toddlers.

One member of the Steering Committee was familiar with the work that had been done in New Zealand on early childhood curriculum theory and practice, *Te Whāriki*<sup>1</sup>. In te reo Māori, the language of the indigenous people of New Zealand, Te Whāriki literally means a woven mat. In this context, Te Whāriki refers to the interwoven principles and strands that together form the whāriki or framework of the curriculum. In New Zealand, there are many ways in which each early childhood program can weave the particular pattern that makes its program different and distinctive, creating an integrated foundation - a whāriki - for each child's development and learning.

The Steering Committee was very attracted to the work in New Zealand, but very clear that the principles on which the work was based could not apply directly and wholly in Michigan. New Zealand's work focuses very much on the cultural context; Michigan is very different culturally from New Zealand. Michigan's document is a derivation of the New Zealand early childhood curriculum framework and not a direct carry-over. In New Zealand, the socio-cultural basis of the document leads to a move away from a focus on developmental expectations to a more expansive view of learning outcomes for young children. It is this larger view of learning outcomes that the Michigan committee shares with New Zealand, but because of the differing cultural context, it must be emphasized that the work is not the same, and the document that follows reflects Michigan's children, their families, and those who also care for and educate them. We are very thankful to our colleagues in New Zealand for allowing us to use their framework to spur new thinking and support for the youngest children in Michigan.

Because the Steering Committee and Ad Hoc Committee were familiar with concepts about alignment, and cognizant of the need to be able to align learning for children over time, many of the ideas in this document for infant and toddler programs are stated in ways that are similar to the statements in ECSQ-PK. However, children's development is not a straight line; one discrete skill or milestone does not lead directly to another in a single chain of developments. For the very youngest, it is difficult to differentiate between developmental domains such as approaches to learning, social and emotional development, language and cognition. For example, a baby first calling her father—and no one else-- "dada," is demonstrating her emotional connection to a familiar adult, her newly-found communicative ability to repeat a sound and attach meaning to it, a cognitive understanding of object constancy, initiative, and so on. If any one of these is missing, the child probably won't develop this particular skill. One action falls in many domains—and that skill will later lead to a number of other skills in a variety of domains. The Steering Committee tried to find an image to describe the connection among the various developmental and learning outcomes. Alignment suggests that the

connections are linear. Inspired by *Te Whāriki*, the committee began to talk about weaving and braiding, where strands of development twist together and later unravel in new ways. Perhaps the image is of a tree, where the roots are the strands in this document, and the skills we see later are the branches and leaves. It may not be possible to trace all the connections directly, but the early developments all contribute to the later accomplishments.

Listed on the next pages are the members of the Ad Hoc Committee and the Steering Committee. Their task continued long beyond the initial timeline, with many more meetings and discussions and revisions than originally planned. Their dedication to the very youngest children in Michigan has led to this remarkable document. Their goal was powerful: *A Great Start for every child in Michigan: safe, healthy and eager to succeed in school and in life.*<sup>2</sup> This document can be the basis for that great start.

<sup>1</sup> New Zealand Ministry of Education. (1996). *Te Whāriki: He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa: Early Childhood Curriculum*. Wellington, New Zealand: Learning Media. Available at: [www.minedu.govt.nz/goto/tewhariki](http://www.minedu.govt.nz/goto/tewhariki).

<sup>2</sup> Office of the Governor. (2003). *Project Great Start*. Available at: <http://www.michigan.gov/greatstart>.



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# Early Childhood Standards of Quality for Infant and Toddler Programs

## Introduction

What happens to children in their first three years of life shapes every year thereafter. It is the period of the most rapid growth and development and the period in which having the most responsive caregiving from family members and other caregivers is critical to the development of well-being, trusting relationships, and a growing knowledge about their world. When infants and toddlers are cared for in settings outside their homes, responsive and nurturing caregiving requires deliberate and intensive attention to their physical and emotional needs as well as their inborn desire to make sense of the world about them.

In this document, five strands frame reasonable outcomes for the development and learning of infants and toddlers, as well as high-quality program standards which detail how responsive caregiving can support infants' and toddlers' healthy growth and development. It is an extension of earlier efforts by the Michigan State Board of Education and its partners to define quality programs for three- and four-year-old children and the learning that might be expected of children in that age range. It is part of a chain of documents intended to provide guidance to all those involved in supporting the development and learning of young children across the early childhood years.

### **Michigan: An Early Leader in Defining Standards for Quality Programs and Development and Learning Expectations for Preschool Children**

The first link in this chain of documents was created in November of 1986 when the State Board of Education approved the document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds*. The purpose of that document was to provide the framework for the design and implementation of a high-quality preschool program targeted to four-year olds at risk of school failure.

Recognizing the value and need for quality early childhood education programs for children four through eight years old, the Michigan State Board of Education appointed another committee to develop *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, and adopted those standards in December of 1992. Although used broadly and because of the wide age/grade range covered, many of the standards were most applicable to public school districts. At about the same time, the education of children with disabilities was addressed through the development of procedural safeguards and other rules for Early Childhood Special Education [formerly Pre-Primary Impaired (PPI)] classrooms.

In August 2002, the Michigan State Board of Education adopted the report of its Task Force on Ensuring Early Childhood Literacy. The report directed the Department of Education to develop a single document, including both expectations for young

children's development and learning and quality standards for the operation of programs that would enable them to reach those expectations.

*Model Standards for Out-of-School Time Programs in Michigan* was adopted by the Michigan State Board of Education in February of 2003. These standards offer guidance to providers of before- and after-school programs and summer programs for school-aged children.

Federal requirements for early childhood opportunities for states also supported the need for a revision of the current documents. It had also become apparent that a document that focused specifically on children ages three and four and the programs that serve them would help to address issues of varying and sometimes conflicting program standards. These conflicts had made inclusion of targeted groups of children in some programs difficult. In response to these many requests and systemic needs, the Department of Education convened an interagency group in 2004 to lead the development of a revised document to apply to settings serving three- and four-year-old children, *Early Childhood Standards of Quality for Prekindergarten*. The State Board of Education accepted that document in March 2005.

Immediately following the acceptance of the prekindergarten document, the State Board of Education convened another interagency group to lead the development of an entirely new document to apply to programs and settings for children from birth to age three. The product of that work is this document, *Early Childhood Standards of Quality for Infant and Toddler Programs*. This document includes both a framework for discussing children's development and learning and the quality standards for environments that will enable infants and toddlers to progress in their development and learning.

### **Building a System of Education and Care for All Young Children**

In January 2003 and paralleling the work on the new Prekindergarten and Infant and Toddler documents, Michigan embarked on a policy journey to develop a comprehensive early childhood system, with the vision of *A Great Start for every child in Michigan: safe, healthy, and eager to succeed in school and in life*. The Great Start effort begins with the philosophic underpinning that every child in Michigan is entitled to early childhood experiences and settings that will prepare him/her for success. As this systems work unfolded, it became clear that expectations for young children's learning and the program standards, which define a high-quality program above and beyond child care licensing rules, were a critical foundation for the newly envisioned system.

In 2006, the Governor signed into law new vigorous academic requirements for high school graduation. Policymakers from the State Board of Education and the Legislature agreed that Michigan's future is dependent on a highly educated workforce, and that the early development and learning for all Michigan's children would hold the key to their success in school and beyond. Children who enter school with inadequate preparation have a difficult time catching up; children who are behind at kindergarten entry are unlikely to be prepared for the rigorous high school curriculum.

The system of early childhood education and care standards is thus critical for the success of Michigan's children. The system of standards will eventually include standards for infants and toddlers, preschoolers, and primary grade children and contain both frameworks for early development and learning and program quality standards for classroom-based programs and family and group home child care programs. Standards for parenting education programs and for early childhood professional development are needed as well.

This set of high-quality standards will set the stage for the development of a comprehensive and coordinated system of services. At the same time, individual programs and funding agencies will further define specific methods to put into practice the standards included in *Early Childhood Standards of Quality for Infant and Toddler Programs* and *Early Childhood Standards of Quality for Prekindergarten* through accompanying operating procedures and implementation manuals. Minimum legal standards (Licensing) for the operation of classroom early childhood education and care settings and family and group child care homes will continue to be the basis for this system.

Michigan is also planning for a quality rating and improvement system which proposes a staircase of increasing quality and supports for programs to reach the high quality described in the program standards in *Early Childhood Standards of Quality for Infant and Toddler Programs*. The standards and the accompanying indicators in the *Early Childhood Standards of Quality* are meant to define settings of the highest quality. The body of research on early childhood practice makes it abundantly clear that settings of high quality are necessary to achieve positive outcomes for children.

### **Using *Early Childhood Standards of Quality for Infant and Toddler Programs***

The two major sections of this document, "Early Development and Learning Strands for Infants and Toddlers" and "Quality Program Standards for Infant and Toddler Programs," can be used both independently and together, but make the most sense when they are consulted as a package. The early development and learning strands are first in this document so that the focus is where it needs to be, on the children, with anticipated outcomes identified. The statements of the knowledge, skills, and attitudes delineated in the goals in each of the early learning strands that infants and toddlers will begin to develop are followed by examples of experiences and caregiver strategies that will help very young children develop and learn in that area. The program standards define characteristics of early childhood settings that are associated with these results for the youngest children. When programs display the high-quality standards and caregivers provide the kinds of experiences and utilize the strategies in the document, the children are more likely to begin to reach the goals we set for their development and learning.

The Ad Hoc Advisory Committee has begun the work of alignment of *Early Childhood Standards of Quality for Infant and Toddler Programs* with other standards documents. Additional work in the future will provide guidance for both horizontal (within the age

group) and vertical (across the early childhood age groups) alignment in standards, curriculum practices, and assessment.

The Glossary at the end of the document is not exhaustive, but does provide guidance in understanding the particular terms used in the document. Please be sure to consult the Glossary to clarify terms that may be used in highly specific ways to indicate inclusion of children with special needs and circumstances in their lives.

The bibliography (References and Resources) at the very end of the document is not exhaustive, but is meant to provide guidance for those who desire additional information about particular topics. The Advisory Committee included sources for the work as well as more general and seminal work on early childhood standards and program quality.

When *Early Childhood Standards of Quality for Infant and Toddler Programs* is implemented and utilized as a complete document, the State Board of Education believes that Michigan will improve its early childhood programs and settings enabling them to reach even higher quality, that our children will reach the goals we have set for them, and that we will achieve our vision of a Great Start for them all.



## Alignment with Related Documents

Michigan's *Early Childhood Standards of Quality for Infant and Toddler Programs* (ECSQ-I/T) is intended to help early childhood programs provide high-quality settings and to respond to the diversity of children and families. The ECSQ-I/T builds on the minimum regulations detailed in the Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes and incorporates the essential elements of the program and child outcome standards required for various other early childhood programs. In addition, they are aligned with the *Early Childhood Standards of Quality for Prekindergarten* (ECSQ-PK).

### Alignment with Related Program Standards

Licensing Rules for Child Care Centers – Since the ECSQ-I/T makes the presumption that infant/toddler programs in centers are already in compliance with the Licensing Rules for Child Care Centers, these minimum regulations have not been duplicated in the ECSQ-I/T. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Licensing Rules for Family and Group Child Care Homes – Since the ECSQ-I/T makes the presumption that infant/toddler programs in homes are already in compliance with the Licensing Rules for Family and Group Child Care Homes, these minimum regulations have not been duplicated in the ECSQ-I/T. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Early Childhood Standards of Quality for Prekindergarten: Quality Program Standards for Preschool and Prekindergarten Programs (ECSQ-PK) – This is the document described in the introduction that was developed to replace the program standards portion of *Early Childhood Standards of Quality for Prekindergarten through Second Grade* (1992). Programs receiving funding through the Michigan Department of Education are required to operate their programs in compliance with ECSQ-PK. Its use is voluntary in other programs.

Head Start Performance Standards [HSPS-1304.0] – Head Start is a comprehensive child and family development program. The Performance Standards detail requirements for all aspects of program operation, many of which extend beyond the range of services covered by the ECSQ-I/T. Many portions of the HSPS are substantially the same as the standards in ECSQ-I/T.

## **Alignment with Related Early Learning Expectations and Strands of Development and Learning**

Defining early learning goals for very young children is a relatively recent development in the early childhood education and care field, particularly for infants and toddlers. Care must be taken to connect standards at different levels of development in a manner that respects the capacities of children at various ages and avoids setting out expectations that are unreasonable for a particular age or that suggest to program leaders that recognized best practices can be set aside in the name of higher achievement. It is recommended that users of this document familiarize themselves with the learning expectations for older children so that they can guard against inappropriate uses with younger children. The “Early Development and Learning Strands for Infants and Toddlers” detailed in this document align with the following documents which define expectations for children in the three- and four-year-old age range:

*Early Childhood Standards of Quality for Prekindergarten: Early Learning Expectations for Three- and Four-Year-Old Children* – This is the document described in the introduction that was developed to replace the child outcome portion of *Early Childhood Standards of Quality for Prekindergarten through Second Grade* (1992). Programs receiving funding through the Michigan Department of Education are required to plan their curricula using the learning outcomes described in this document. Its use is voluntary in other programs.

Head Start Child Outcome Framework [HSCOF] – This framework is used by Head Start programs serving three- and four-year-old children to shape curriculum and to guide the creation of child assessments.

### **Alignment with Related Documents**

*Vision and Principles of Universal Education, 2005* – This Michigan State Board of Education document outlines the belief that each person deserves and needs a concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood.

## Early Development and Learning Strands for Infants and Toddlers

### Introduction

“The best job in the world” is how many infant and toddler caregivers describe their work. They know that what they do on a daily basis makes a difference now and will do so throughout the lives of the infants and toddlers in their care. How caregivers soothe, feed, diaper, and bathe infants and encourage toddlers to try new things may seem mundane, but the responsive, thoughtful, and intentional way caregivers interact with infants and toddlers while carrying out these seemingly simple routines forms the basis of their emotional health and relationship development and shapes their approaches to learning. Infants and toddlers whose families and other caregivers focus on building trust and healthy relationships set the stage for a lifetime of learning.

The early development and learning goals in this document are organized around five strands (Well-Being, Belonging, Exploration, Communication, and Contribution\*). This organizational scheme was selected deliberately so that program planners, leaders, and caregivers will have a positive framework in which to view potential developmental and learning outcomes for children who receive care in high-quality settings.

The knowledge, skills and attitudes infants and toddlers begin to develop, as described in this document, are not intended as a checklist of developmental milestones; those are readily available in textbooks on child development and in materials designed to alert parents and caregivers to potential concerns with a child’s developmental trajectory. Instead, the developing knowledge, skills, and attitudes are intended to define what young children from birth to three might reasonably be learning and doing, and what adults should be helping them to learn and do, in high-quality programs and settings. The emphasis is placed on significant physical, social-emotional, and cognitive paths appropriate for infants and toddlers. As important as it is that infants and toddlers develop in these domains and accomplish the milestones, it is also important to pay attention to the “mood” of the accomplishment and its meaning in the child’s life. The early learning strands and the goals within them are as much about developing “will” as developing “skill.” Children who reach the developmental milestones and learn and develop in atmospheres and settings where their well-being is emphasized, where it is clear that they belong, where they are celebrated when they explore and communicate, and where they understand that they will be able to make a contribution, will become successful as students in school and in life.

These early learning strands are stated in ways that are intended to protect infants and toddlers from either an underestimation of their potential or from the pressure of expectations more appropriate for older preschoolers. High-quality infant and toddler settings, in centers, homes, and throughout the community, provide children experiences and opportunities that allow them to begin to develop and learn in these areas.

This section of *Early Childhood Standards of Quality for Infant and Toddler Programs* is meant to apply to **all** children in the birth to three age range in Michigan irrespective of gender, ability, age, ethnicity, or background. It recognizes that young children's growth, development, and learning are highly idiosyncratic and never more so than during these first years of life. Young children learn at different rates across the various strands of their development and not all children master skills and content within an area in the same order, although there are patterns to their development. All areas of child development are important to the success of early learners; the development and learning within and across the Strands are interrelated. The Strands are an organizational framework intended to provide caregivers and families with a way to think about and discuss each child's unique developmental and learning pathway.

The sections that follow are organized with a brief introduction to each Strand, followed by related goals. The lists of knowledge, skills and attitudes that follow the goals are not meant to be exhaustive; infants and toddlers will demonstrate their progress in many ways. Each goal is then followed by Examples of Experiences and Strategies. The Questions for Reflection are intended to help program leaders and caregivers focus their efforts to strengthen their programs by suggesting questions that focus on practices related to development and learning in that particular area. In every case, it must be emphasized that infants and toddlers do not complete their development or learning, but rather are set on a course for achieving skills, acquiring knowledge, and developing positive attitudes. They are beginners in their development and learning, and adults in their lives support them as they move forward on paths toward future accomplishments.

The most important effect of using the Strands to guide practice will be that caregivers become more responsive and intentional in their everyday work with infants and toddlers. There can be no better outcome.

\*The developers of this document offer special thanks to colleagues in the Ministry of Education of New Zealand who graciously agreed to permit Michigan to use their early childhood curriculum document, *Te Whāriki*, as the basis for this section of *Early Childhood Standards of Quality for Infant and Toddler Programs*. Please see the Acknowledgements for more information.

**STRAND A – WELL-BEING:**  
**The health and well-being of each infant and toddler is protected and nurtured.**

**Goals: Infants and toddlers experience environments where:**

- their physical health is promoted;
- their social and emotional well-being is nurtured; and
- they are kept safe from harm.

All children have a right to quality, preventive, and ongoing health care; to protection from harm and anxiety; and to early education and care settings that provide harmony, consistency, affection, reasonable boundaries, warmth, and sensitivity. Infants and toddlers routinely experience transitions from their homes and the security of their families to other early education and care settings. They need as much consistency and continuity of experience as possible in order to develop trust and the confidence to explore and to establish a secure foundation of remembered and anticipated people, places, things, and experiences. Child care licensing standards are designed to prevent negative health and safety outcomes for young children. This strand is designed to describe the development and learning of infants and toddlers when their health and well-being are positively impacted by a nurturing and protective environment.

**Goal 1: Infants and toddlers experience environments where their physical health is promoted.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

Increasing awareness, understanding, and appreciation of their bodies and how they function

Increased coordination (e.g., eye-hand movements)

Emerging self-help and self-care skills for eating, drinking, toileting, resting, sleeping, washing, and dressing

Positive attitudes towards eating, sleeping, and toileting

**Examples of Experiences and Strategies:**

- Caregivers observe and respond promptly to signals of distress, hunger, and tiredness.
- Caregivers are guided by each infant's individual rhythms, leading toward some regularity in feeding and sleeping.
- Caregivers use the American Academy of Pediatrics (AAP)/USDA standards to plan and provide appropriate food and sleep environments for infants and toddlers.
- Familiar, relaxed, and individualized routines for feeding, toileting, diaper changing, and dental care are established with parents and carried out by familiar caregivers.

- Caregivers provide opportunities for physical development to occur through movement and exercise.
- Caregivers respond with attention and respect to infants' and toddlers' attempts to communicate their feelings of well-being or discomfort.
- Daily routines are flexible, individualized, calm, and positive.
- There is a supportive approach to toilet learning, using unhurried and familiar routines that do not cause shame or embarrassment.
- Plenty of time is given for children to practice their developing self-help and self-care skills when eating, drinking, toileting, resting, washing, tooth brushing, and dressing based on each child's developmental level.
- Toddlers are offered a widening range of familiar and unfamiliar foods that are culturally sensitive and diverse.
- Comfortable safe spaces and opportunities for rest and sleep are provided with some flexibility about routines.

### **Questions for Reflection**

1. Does the daily routine include outdoor time for both infants and toddlers? How does outdoor time strengthen infants' and toddlers' curiosity?
2. In what ways are self-help skills in washing and eating encouraged? How effective are these approaches?
3. What procedures are employed to ensure that meals and snacks are healthy?
4. In what ways are individual nutrition needs or preferences addressed, and how are children given opportunities to help themselves?
5. In what ways do parents and caregivers collaborate over children's well-being (e.g., toilet learning), and does this collaboration have effective outcomes for children?
6. How does staff find age appropriate ways to talk about health, nutrition, and dental care with children?
7. In what ways are dental health practices supported?
8. Are there adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health procedures using instructions from parents and health care providers?

## **Goal 2: Infants and toddlers experience environments where their social and emotional well-being is nurtured.**

### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Emerging skill in self-regulation
- b. An increasing capacity to pay attention, focus, concentrate, and be involved
- c. A growing capacity to tolerate and enjoy a moderate degree of change, surprises, uncertainty, and potentially puzzling events
- d. A sense of personal worth and the worth of others, and knowledge that personal worth does not depend on today's behavior or ability
- e. An increasing ability to identify their own emotional responses and those of others
- f. Confidence and ability to express emotional needs without fear

- g. Trust that their social-emotional needs will be responded to
- h. A trusting relationship with nurturing and responsive caregivers
- i. The ability to respond and engage in reciprocal interactions
- j. Emerging capacities for caring and cooperation

### **Examples of Experiences and Strategies:**

- Infants are handled in a gentle, confident, and respectful way.
- Infants experience continuity of care.
- Unhurried time and opportunity are provided for the infant and familiar caregivers to build a trusting and caring relationship together.
- There is help and encouragement for infants to feel increasingly competent.
- Infants have opportunities to see and react to their reflections in mirrors.
- There are one-to-one interactions that are intimate and sociable.
- The environment is predictable, dependable, and has reasonable adaptations to the physical setting or program to accommodate children with special needs.
- There are opportunities for toddlers to be independent and make choices knowing that comfort, emotional security, and familiar caregivers are available.
- Toddlers who are trying to do things for themselves or for other children are encouraged and supported.
- Caregivers accept and support expression and resolution of a wide range of feelings and emotions from toddlers.
- Toddlers are helped to resolve conflicts and move on to new challenges.
- The environment is stimulating and caregivers acknowledge that the “comfort threshold” is different for each toddler.
- Caregivers help toddlers understand and accept necessary limits without anxiety or fear.
- Caregivers recognize that at times toddlers need to be the center of attention.

### **Questions for Reflection**

1. In what ways are infants and toddlers encouraged to develop a sense of trust, caring, and cooperation?
2. What do caregivers do to foster reciprocal relationships between staff and children, with other children, staff and families, and with other programs?
3. How are staffing schedules organized to ensure that each infant and toddler has primary caregivers and other familiar people to relate to during the day? What happens to support the child when one of the primary caregivers is absent?
4. How is individuality recognized and promoted?
5. What do the caregivers do to make children feel important?
6. How are children made to feel comfortable in expressing their thoughts and feelings?
7. How do caregivers recognize when children are anxious or withdrawn? Can they respond appropriately?

### **Goal 3: Infants and toddlers experience environments where they are kept safe from harm.**

#### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Increasing awareness of what can harm them
- b. Increasing confidence that they can participate and take risks without fear of harm
- c. Comfort in expressing their fears openly and trust that their fears will be taken seriously
- d. Ability to respond to caregiver instructions related to safety

#### **Examples of Experiences and Strategies:**

- Infants are closely supervised at all times.
- Quick attention is given to any changes in an infant's temperature, health, and/or usual behavior.
- Vigilant caregiver supervision protects infants from potential hazards in the environment (e.g., from insects, litter on the ground, over-exposure to sun).
- Infants are protected from rough handling or accidents with older children.
- Caregivers have support from other staff who can step in to comfort chronically crying infants.
- The environment is challenging but safe for all infants and toddlers.
- Playthings and surfaces are kept clean and maintained throughout the day, and attention is paid to avoiding cross-infection.
- Caregivers are alert to possible hazards and vigilant over what is accessible, can be swallowed, or can be climbed on, and toddlers are encouraged to recognize genuine hazards.
- Toddlers are encouraged to communicate their needs and wants without the use of such behaviors as biting or hitting.
- Toddlers are promptly supported, but not overprotected, when an accident occurs.
- Caregivers raise toddlers' awareness about what is safe and what is harmful and the probable consequences of certain actions.
- Toddlers have opportunities to develop self-care skills and to protect themselves from harm within secure and safe limits and at their own level.

#### **Questions for Reflection**

1. What are the procedures for ensuring that the environment is safe, clean, and well maintained, taking into account the specific developmental challenges of children with special needs?
2. What kinds of emergency drills are there; how often are they reviewed; and how suitable are they especially for those children who are non-ambulatory?
3. How are children helped to understand and avoid hazards, and how effective are these approaches?
4. In what ways does the program provide positive discussion of rules and safety?



5. In what ways does the program minimize the possibility of child abuse occurring in the center or home, and what procedures are in place to deal with issues of neglect or abuse?
6. Are caregivers and parents knowledgeable of practices, policies, and procedures to ensure a safe and healthy environment?

## **STRAND B – BELONGING:**

### **Infants and toddlers feel a sense of belonging.**

#### **Goals: Infants and toddlers experience environments where:**

- they know that they belong and have a place;
- they are comfortable with the routines, schedules, and activities;
- they increasingly understand the nature and boundaries of acceptable behavior; and
- positive connections among families, the program, and the children are affirmed.

A high-quality infant and toddler early education and care setting should be like a caring home: a secure and safe place where each child is entitled to and receives respect and the best care. In the widest sense, the feeling of belonging contributes to inner well-being, security, and identity and is rooted in a secure and long-lasting relationship with a primary caregiver. Infants and toddlers need to know that they are accepted for who they are. They should know that what they do can make a difference and that they can explore and try out new activities while feeling safe and supported. The education and care setting as experienced by the children has meaning and purpose, just as activities and events at home do.

The families of all children should feel that they are welcomed members of the early education and care setting, and that they can participate in the program. They can genuinely participate in decision making related to their children and, as appropriate, to the operation of the program.

#### **Goal 1: Infants and toddlers experience environments where they know they belong and have a place.**

##### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An increasing ability to play an active part in the day to day activities of the program
- b. Skills in caring for the environment (e.g., cleaning up, wiping the table, flushing the toilet, helping others)
- c. Confidence in and an ability to express their ideas
- d. A feeling of being valued as an important individual who belongs within the group setting
- e. A comfort level in taking on different roles in their environment (e.g., helping others, turning off the water, holding the door)
- f. An attachment to their primary caregivers and primary care group

##### **Examples of Experiences and Strategies:**

- Each infant and toddler has a primary caregiver whose temperament fits well with the temperament of the infant.

- A primary caregiver has major responsibility for each infant's care, so that infants can anticipate who will welcome and care for them.
- Caregivers respond promptly when infants communicate their needs in order to foster infants' feelings of competence.
- Each infant has a familiar sleeping space and eating area.
- Infants' favorite comfort items are available to them.
- The program is sufficiently flexible to routinely meet infants' needs and preferences for a particular person or way of doing something.
- Caregivers affirm toddlers' growing recognition of things that belong to themselves or others, such as shoes, clothing, comfort items, and/or toys.
- The program provides opportunities for conversations with toddlers that affirm their identity and self-knowledge.
- The program enables toddlers to take part in small group activities (e.g., at the water table or the art table).
- Caregivers recognize and respect toddlers' passionate attachment to particular people and things.
- Caregivers affirm toddlers' efforts to move physically away from primary caregivers while reassuring the children of their presence.
- Caregivers listen to toddlers' ideas, preferences and dislikes.
- Caregivers allow toddlers to select from among activities and experiences offered in the program.
- Toddlers are able to express spontaneous affection to one or more of the people with whom they spend a lot of time.
- Toddlers help to arrange and put things away.
- Each infant and toddler has a place for personal possessions and creations.
- Infants and toddlers are encouraged to take opportunities for cleaning up and caring for the indoor and outdoor environment and the people in it.

### **Questions for Reflection**

1. How does the program ensure that all infants and toddlers are receiving supportive, responsive care, attention, and affection from primary caregivers, and that they will always find familiar caregivers who know and understand them? How well are these goals achieved?
2. How does the program match the temperaments and personality styles of caregivers and infants and toddlers to one another?
3. How do the program (e.g., its policies and procedures) and staff support and foster infants' and toddlers' attachment to particular people and objects of comfort?
4. How is knowledge about infants and toddlers collected and shared among caregivers and families and does this provide sufficient information for those who need it?
5. What are the procedures for individual welcomes and farewells for all children and for helping new infants and toddlers settle in?
6. What arrangements are made for personal space and personal belongings? Are these suitable for the infants and toddlers, the caregivers, and the setting?

7. What aspects of the environment help infants and toddlers and families feel that this is a place where they belong?

**Goal 2: Infants and toddlers experience environments where they are comfortable with routines, schedules, and activities.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An understanding of the routines, family customs, and regular events of the program
- b. An understanding that these routines, customs, and regular events can be different in other settings
- c. An understanding that they and others can be a part of the group
- d. Capacities to predict routines and regular events that make up the day or the session
- e. A growing ability to cope with change
- f. Enjoyment of and interest in a moderate degree of change
- g. Increasing mastery of self-help skills to assist with daily personal routines
- h. An increasing sense of independence and competence during daily routines and activities

**Examples of Experiences and Strategies:**

- The pace and time of routines is guided, as much as possible, by each infant's needs.
- A regular but flexible schedule is established that allows for participation throughout the day (e.g., going for a walk, going outside).
- The program includes familiar rhymes, songs, and chants.
- There are predictable routines with reassuring emphasis on the familiar, with new elements introduced gradually and thoughtfully into the program.
- Caregivers are comfortable with reading the same story again and again.
- Toddlers' favorite games and happenings are identified and included in the program.
- Toddlers are able to maintain their own routines and ways of doing things (e.g., wearing a favorite hat, sleeping with a favorite blanket).
- Rules are kept to a minimum through the establishment of comfortable, well-understood routines.
- The program allows unhurried time for the repetition and practice of toddlers' developing skills and interests.
- Caregivers accept toddlers' unique ways of doing things as being part of their developing sense of self.
- Caregivers take time to listen and talk with children about upcoming events (e.g., visitors, fire drills) that are out of the ordinary, so that they can anticipate and be comfortable with them.

**Questions for Reflection**

1. How is staffing arranged to ensure that individual children's needs are met by primary caregivers during routines? How can this be improved?
2. How are routines consistent yet flexible enough to meet the needs of individual children?
3. In what ways are routines used as positive and interactive learning experiences? Are there other ways this can be done?
4. In what situations can children be offered choices? When is this not feasible or appropriate?
5. If staff members experience stress, how are they supported, and how are the effects on infants and toddlers minimized?
6. How do caregivers find out and use favorite stories, songs, and rhymes to promote infants' and toddlers' security within the environment?
7. What kinds of regular events and customs of significance to the families are incorporated into the routines? How?

**Goal 3: Infants and toddlers experience environments where they increasingly understand the nature and boundaries of acceptable behavior.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An increasing capacity to successfully communicate their feelings, needs, and wants
- b. A recognition that the setting has reasonable boundaries and expectations for behavior
- c. The beginning of an understanding of the reasons for boundaries and expectations
- d. Expectations that the setting is predictable, fair, and consistently caring
- e. An increasing awareness of the impact and consequences of their actions
- f. An increasing ability to self-regulate their behavior
- g. The ability to express disagreement with peers and caregivers in developmentally appropriate ways

**Examples of Experiences and Strategies:**

- Infants' behaviors are accepted without judgment and the program has sufficient flexibility to accommodate natural variations in moods and behavior.
- Caregivers gently encourage infants to accept that the caregivers will also attend to and care for other children.
- Unhurried primary caregivers and other familiar caregivers are always nearby.
- Infant needs are responded to promptly to minimize causes of distress or disengagement.
- Caregivers help toddlers begin to express and regulate their feelings as appropriate to each toddler's development.
- Caregivers offer only genuine choices to toddlers and respect their decisions.

- Possible causes of frustration and conflict for toddlers are minimized (e.g., avoidance or elimination of large group activities, waiting periods, abrupt transitions, a crowded environment).
- Toddlers are given support in dealing with conflict and frustrations.
- Toddlers' intensity of feelings is understood, accepted, and guided and the resulting behaviors are seen as a normal and important part of their development.
- Desired and reasonable expectations and limits are set and applied in a consistent and equitable manner.

### **Questions for Reflection**

1. In what ways are the children shielded from the effects of stress on staff? Are there other, more effective ways of approaching an issue?
2. What kinds of support systems are available for parents to enable them to promote positive behaviors and guide their infants and toddlers effectively? How well do these support systems work?
3. How are parents involved in the child guidance policies of the program? Are the strategies used agreeable and apparent to all parents?
4. How does the program help caregivers and parents understand when child behaviors are developmentally appropriate and when they are exhibiting risky behavior?
5. Do caregivers look at how the environment and caregiver practices influence behaviors that raise concern (e.g., biting, hitting, prolonged crying)? Are there elements that can be changed to foster positive behavior for infants and toddlers?
6. When necessary, does the program have a way of making referrals to outside resources for prevention and intervention? How does the program support staff and parents to allow for successful continuity of care rather than putting an infant or toddler at risk of expulsion from the program?
7. How does the program support all infants and toddlers, including the child whose behavior is viewed as challenging to the caregiver? How are caregivers working to teach and support infants and toddlers in developing the skills they need to be successful?
8. How is parental knowledge about problems that may be occurring respected and incorporated into exploration of how to resolve the problem? When sharing difficult issues, is staff sensitive and objective?
9. How are disagreements about infant and toddler guidance issues resolved, and how empowering and equitable are the processes for infants and toddlers and parents?
10. Does the program examine rules with respect to their necessity and flexibility and whether they are negotiable? How well do the rules achieve their intended function? Are all rules developmentally appropriate for infants and toddlers?
11. Do caregivers call for assistance and relief if the behavior of an individual infant or toddler or group of infants or toddlers causes stress? What processes are in place to support caregivers when this happens?

**Goal 4: Infants and toddlers experience environments where positive connections among their families, the program, and the children are affirmed.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An understanding of the links between the early childhood education and care setting and their homes through people, images, objects, languages, sounds, smells, and tastes
- b. Interest and pleasure in discovering new environments where the people, images, objects, languages, sounds, smells, and tastes are sometimes different from those at home
- c. The ability to interact with an increasing number of significant people in their lives, beyond their families and primary caregivers

**Examples of Experiences and Strategies:**

- Breastfeeding is supported by providing mothers with opportunities to breastfeed while their children are in care.
- Language, songs, key words, and routines that infants are familiar with at home are used in the program setting.
- Caregivers talk to and with infants and toddlers about family members.
- Opportunities are arranged for families to meet each other and the infants and toddlers in the program setting (e.g., breakfast, a shared lunch, a picnic).
- The program includes short walks to see other people and other places.
- Programs display pictures of infants' and toddlers' families.
- Conversations with caregivers about home, family members, and happenings are a natural part of the program.
- Special playthings and comfort items from home are respected, accepted, and made accessible to infants and toddlers.
- Toddlers have regular small outings around the neighborhood.
- Toddlers are encouraged to show parents things they have done, made, or found and talk about them.
- The program provides toddlers with widening experiences of the world through a range of playthings, books, pictures, and happenings.

**Questions for Reflection**

1. How is daily information about infants and toddlers shared among caregivers and between parents and caregivers? How well does this meet the needs of all (e.g., children, families, caregivers)?
2. In what ways do the environment and program activities reflect the values, homes, and cultures of the families? What impact does this have on staff and infants and toddlers?
3. What kinds of opportunities do the infants and toddlers have to explore the neighborhood and their culture?
4. In what ways are staff and parents able and encouraged to be resources for each other?

5. What procedures are used to communicate with parents about persistent problems (e.g., biting, not wanting to eat)? How effectively do these procedures contribute to resolving the problem in ways that are beneficial for the infant or toddler and comfortable for the family?



## **STRAND C – EXPLORATION:**

### **Infants and toddlers learn through active exploration of the environment.**

#### **Goals: Infants and toddlers experience environments where:**

- the importance of spontaneous play is recognized and play is valued as meaningful learning;
- they gain confidence in and greater control of their bodies;
- they learn strategies for active exploration, thinking, and reasoning;
- they develop a growing sense of social relationships, the natural environment, and the physical world; and
- their interests and initiative provide direction for learning opportunities and for the practice and mastery of developing skills.

Infants and toddlers learn through active exploration that is guided and supported by caregivers and other children. Young children encounter every aspect of their environment and routine daily interaction as a context for learning. Observant caregivers engage infants and toddlers in experiences that offer challenges presenting opportunities for development and learning. The wider world of family and community is an integral part of any early childhood education and care program.

Children learn through play – by doing, through questions, by interacting with others, by manipulating familiar and novel materials, by practice and repetition, by setting up theories or ideas about how things work and trying them out, and by the purposeful and respectful use of resources. They also learn by making links with their previous experiences. This strand incorporates some of the strategies that enable infants and toddlers to explore, learn from, and make sense of the world.

#### **Goal 1: Infants and toddlers experience environments where the importance of spontaneous play is recognized and play is valued as meaningful learning.**

##### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Strategies for exploring and satisfying their curiosity
- b. Symbolic, pretend, and dramatic play
- c. Creativity and spontaneity in their play
- d. The ability to make decisions and choose their own materials
- e. An emerging sense that not knowing and being uncertain are part of learning
- f. An emerging sense of intentionality in their play and relationships

**Examples of Experiences and Strategies:**

- Interesting and challenging playthings are easily within reach of infants and available to toddlers so that they can try out new things and explore the further possibilities of familiar objects.
- Infants have freedom to move and to practice and extend skills.
- Everything in the immediate environment is regarded as a learning resource.
- Caregivers are aware of the potential for all interactions and experiences to result in learning.
- Meaningful and, where possible, authentic contexts are provided for toddlers' play and work (e.g., brooms are used to sweep, water is used for cleaning walls).

**Questions for Reflection**

1. What roles do caregivers have when children are playing and how do these roles promote children's curiosity, creativity, and exploration?
2. How do caregivers react when children make 'mistakes'? How does this support learning?
3. In what ways are meaningful opportunities provided for infants and toddlers to use real things in a variety of ways (e.g., rattles, cloth blocks, mirrors, saucepans, garden tools, telephones, cameras)?
4. How do caregivers respond to and support infants' and toddlers' exploration in dramatic and pretend play?
5. How is the environment arranged to support and encourage infants and toddlers in making simple choices?

**Goal 2: Infants and toddlers experience environments where they gain confidence in and greater control of their bodies.****Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Increasing control over their bodies, including increasing abilities in the use of large and small muscles, balance and coordination of eye-hand movements, and increasing agility, coordination, and balance
- b. Strategies for actively exploring and making sense of the world by using their bodies, including active exploration with all the senses, and the use of tools, materials, and equipment to extend skills
- c. Confidence with moving in space, moving to rhythm, and playing near and with others
- d. Awareness of good hygiene practices (e.g., tooth brushing, hand washing, covering mouth/nose when coughing)

**Examples of Experiences and Strategies:**

- Infants experience a safe environment with equipment or furniture to hold on to, to balance against, or to pull themselves up on.
- Infants are encouraged to mouth, finger, grasp, pull, and push materials that are safe and interesting, can be manipulated in a variety of ways, and require minimal caregiver assistance.

- Toddlers are encouraged to develop skills at their own rates and to know and begin to understand their own abilities and limitations.
- Caregivers, insuring children's safety, wait to let toddlers indicate that they need assistance rather than assuming that they need help.
- Toddlers have access to an increasing range of safe and interesting materials that can enhance both large and small motor skills.

### **Questions for Reflection**

1. How are the program's materials and equipment used and modified to foster children's confidence in what they do and extend their ability to control their bodies?
2. How is play equipment selected and arranged to support physical development and to promote learning and growth?
3. In what ways and to what extent are infants and toddlers allowed and encouraged to do things for themselves?
4. In what circumstances might it be necessary to limit children's exploration, and how can this be done while continuing to encourage active discovery?
5. Is there a comprehensive system to make certain the setting and the materials and equipment within it are safe? What is the process for continuous assessment of its effectiveness?
6. What opportunities are there for infants and toddlers to combine physical activities with music, language, and emergent problem-solving skills?

### **Goal 3: Infants and toddlers experience environments where they learn strategies for active exploration, thinking, and reasoning.**

#### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. The confidence to explore and make sense of their world through simple problem solving, recognizing patterns, learning from trial and error, asking questions, listening to others, simple planning, observing, and listening to stories
- b. An attitude of themselves as "explorers" — competent, confident learners who ask questions and make discoveries
- c. The confidence to choose and experiment with materials, to explore actively with all the senses, and to use what they learn to generalize their learning to other experiences
- d. The ability to learn new things from the materials and people around them

#### **Examples of Experiences and Strategies:**

- Young infants experience various positions during the day so they see things from a variety of perspectives.
- Infants experience different play spaces, such as smooth floors, carpet, grass, sand, soft and hard surfaces, and indoor and outdoor spaces.
- Infants have opportunities to watch and join in with other children and to see and hear new things.
- Infants have a variety of indoor and outdoor sensory experiences (e.g., a range of smells, temperatures, sounds).

- Infants can move freely and touch things (e.g., games for exploring their toes, faces, hair, fingers and those of other familiar people are encouraged and repeated).
- A variety of different kinds of materials are available for infants to feel and explore.
- Toddlers are encouraged to manipulate various materials in ways that change them from continuous to discrete and back again (e.g., cutting up dough and squashing the pieces back together again, transferring water to small bottles and emptying them).
- Toddlers have opportunities to collect, sort, and organize objects and play materials in a variety of ways and to develop a sense of order (e.g., by grouping similar materials or putting things in their right place).
- Toddlers have opportunities to recognize similarities and differences (e.g., matching, symmetry).
- Caregivers talk with children in ways that promote toddlers' thinking and reasoning about what they are doing.
- Toddlers have opportunities for active exploration with the support, but not the interference, of caregivers.

### **Questions for Reflection**

1. In what ways, and how effectively, do caregivers help children to find the right level of challenge?
2. How are equipment and playthings selected and arranged to extend infants' and toddlers' understanding of concepts (e.g., patterns, shapes, colors)?
3. What opportunities do children have to collect and sort objects for a meaningful purpose?
4. What opportunities are there for children to take things apart, put them together, and figure out how they work? How well do these opportunities promote children's learning?
5. How do caregivers pose questions to toddlers that encourage toddlers to try new strategies and to problem solve?
6. How do caregivers arrange the environment and plan the daily schedule to support and encourage toddlers' self-motivated exploration?

### **Goal 4: Infants and toddlers experience environments where they develop a growing sense of social relationships, the natural environment, and the physical world.**

#### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. The ability to question, explore, generate, and modify their own ideas about the world around them
- b. Familiarity with a variety of materials (e.g., sand, water, ice, bubbles, blocks, paper)

- c. Spatial understandings, including an awareness of how two- and three-dimensional objects can be fitted together and moved in space
- d. A knowledge of the natural environment in the outdoor area of the program and the local neighborhood (e.g., the neighborhood park, grassy field, a wooded area)
- e. Social relationships and social concepts (e.g., friendship, authority, social rules and understandings)

### **Examples of Experiences and Strategies:**

- The environment includes features that infants can become familiar with, recognize, and explore and which caregivers talk about with them.
- Caregivers demonstrate that they share infants' pleasure in discovery.
- Infants are helped to see familiar things from different positions (e.g., close up or from a distance, from the front or back).
- Infants are encouraged to try things out by using objects as tools.
- Older infants are encouraged to name objects and people in their environment.
- Caregivers respond to infants' explorations, provide commentary about what they are experiencing, and share infants' pleasures in discovery.
- Toddlers have access to books and pictures about aspects of their every day world.
- Toddlers are encouraged and helped to name, think about, and talk about what they are doing.
- Toddlers have opportunities to explore the ways that shapes and objects fit together by using two- and three-dimensional materials.
- Toddlers have opportunities to help safely, and with consideration of good hygiene practices, take care of animals and other living things.
- Caregivers initiate questions, and answer toddlers' questions, about why things happen.
- Toddlers have opportunities and are encouraged to help other children in the group.

### **Questions for Reflection**

1. How are experiences moderated for infants and toddlers so that the world does not appear too confusing?
2. What genuine, safe opportunities are there for infants and toddlers to change things and to explore the consequences of their actions?
3. What opportunities are there for infants and toddlers to engage in cooperative dramatic play, and how does it contribute to their development and learning?
4. How do caregivers seek information from parents and families about addressing family happenings (e.g., the birth of siblings, the death of a family member)?
5. What practices or procedures are in place to determine what events might happen that could upset children and how are these situations addressed?

**Goal 5: Infants and toddlers experience environments where their interests and initiative provide direction for learning opportunities and for the practice and mastery of developing skills.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Progressively more complex skills
- b. The ability to pursue interests independently
- c. The understanding that they have a significant role in initiating exploration, play, and learning

**Examples of Experiences and Strategies:**

- Caregivers place objects within reach for young infants to encourage exploration and making choices.
- For older infants, objects and toys are placed within reach and in close proximity to encourage infants to move to materials of interest and to make choices.
- Familiar and consistent objects are available to develop skills (e.g., including eye-hand coordination, their sense of competency), and to promote an understanding of cause and effect.
- Caregivers organize the environment to capitalize on infants' curiosity as a prime motivator for exploration and learning; they encourage infants to develop skills at their own pace.
- Caregivers assess the environment and make changes to respond to toddlers' interests and developing skills.
- Caregivers understand the importance of curiosity in toddlers' exploration and learning and encourage and support toddlers' questioning and experimenting.
- Toddlers have opportunities for in-depth exploration with caregivers providing guidance and expansion.
- Caregivers ask toddlers open-ended questions.
- The environment is arranged to provide toddlers with easy access to a variety of materials and opportunities to make genuine choices and to learn from them.

**Questions for Reflection**

1. How does the environment encourage infants and toddlers to initiate their own play and learning?
2. What role do caregivers have in identifying infants' and toddlers' developmental levels and interests and how is this information used?
3. How do caregivers support and expand child-initiated learning experiences and assist each child in the practice and mastery of skills?
4. What is the balance between child- and caregiver-initiated activities?
5. How often, and in what ways, are the routines adjusted or activities changed to allow for children's spontaneity and interests?
6. How is the environment arranged so that children can find and use materials of interest to them and begin to learn to replace them when finished?

## **STRAND D – COMMUNICATION:**

**Infants and toddlers use a variety of means to communicate their needs and thoughts, and to understand and respond to other people and ideas.**

### **Goals: Infants and toddlers experience environments where:**

- they develop attitudes and skills to communicate successfully with others;
- they have opportunities to communicate through the use of symbols/pictures, signs, and stories; and
- they discover and develop different ways to be creative and expressive about their feelings and thoughts.

Human communication takes many forms from its beginnings in the responsive relationships between infants and their parents and other primary caregivers. Beginning in infancy, one of the major cultural tasks for children is to develop competence in and understanding of language. Language does not consist only of words, sentences, and stories; it includes the language of gestures, facial expressions, images, art, dance, mathematics, movement, rhythm, and music. During these early years, infants and toddlers are learning to communicate their experiences in many ways, and they are also learning to interpret the ways in which others communicate and represent experiences. They develop increasing competence in symbolic, abstract, imaginative, and creative thinking. Language grows and develops in meaningful contexts when infants and toddlers have a desire to interact, a reason to communicate, and a need to understand.

### **Goal 1: Infants and toddlers experience environments where they develop attitudes and skills to communicate successfully with others.**

#### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. The ability to express their feelings and emotions in a range of appropriate ways
- b. Confidence that their first languages [e.g., whether spoken English, a spoken language other than English, or American Sign Language (ASL)] are valued, supported, and understood
- c. Responsive and reciprocal communication skills (e.g., turn-taking)
- d. A playful interest in repetitive sounds and words, and aspects of language (e.g., rhythm, rhyme, alliteration)
- e. Increasing skill with and understanding of non-verbal messages, including the ability to attend to and make non-verbal requests
- f. The inclination and ability to communicate, pay attention, and respond appropriately to others
- g. Increasing knowledge and skill in syntax, meaning, and vocabulary in at least one language
- h. Language skills in real, play, and problem-solving contexts as well as in more structured language contexts (e.g., through books, finger plays, singing, story telling/re-enacting)

- i. Communication skills for increasingly complex purposes (e.g., expressing and asking others about intentions, expressing feelings and attitudes, negotiating, predicting, planning, reasoning, guessing, storytelling)

### **Examples of Experiences and Strategies:**

- Caregivers are aware of infants' sensitivity to caregiver body language/facial expression and of the need to use expressive body language to assist infants to read signals.
- Caregivers respond positively to infants' gestures, expressions, and sounds (e.g., infants turning their heads away from food, breaking eye contact, crying or babbling, pointing).
- Caregivers are promptly aware of how children communicate signs of tiredness, discomfort, or stress.
- The program includes action games, finger plays, and songs.
- The program includes role models who are home language communicators of the child's natural language (e.g., deaf role models whose first language is ASL, role models in spoken languages other than the primary spoken language of the program).
- Infants are regarded as active participants in verbal communication and non-verbal communication and caregivers respond to their early attempts at communication/verbalization.
- Simple words and/or signs are used to make consistent connections with objects and people who are meaningful to each infant.
- Many and varied opportunities are provided to be playful with sounds.
- Language is used to soothe and comfort.
- Infants and toddlers hear adults conversing with one another so that they have exposure to complex adult conversation and novel vocabulary.
- Toddlers have opportunities to use their bodies as a way to communicate (e.g., through action games, listening games, pretend play, dancing).
- Caregivers carefully attend to toddlers' requests and suggestions.
- Toddlers are helped to communicate feelings and ideas in a variety of ways.
- Caregivers help to extend toddlers' verbal communication ability by accepting and supporting early words in their first language, modeling new words and phrases, allowing toddlers to initiate conversation, and giving them time to respond and converse.
- Caregivers use simple, clear phrases with toddlers and have realistic expectations of toddlers' verbal, signed, and listening skills.
- Caregivers model increasingly complex language and novel vocabulary.
- Toddlers have many opportunities to communicate with other children, to play language-based games, and to encounter a widening range of books, songs, poems, stories, and chants.

### **Questions for Reflection**

1. In what ways, and to what extent, are caregivers able to identify, encourage, and respond to each child's non-verbal communication?



2. How aware are caregivers of their own styles of non-verbal communication?
3. How fluent are caregivers in each child's home language?
4. In what ways do children communicate with each other without talking (e.g., infant signs), and how do caregivers support this non-verbal communication?
5. How effectively do caregivers read each other's body language as a way of improving communication and supporting each other?
6. In what ways does the program provide for one-to-one language interaction, especially between a caregiver and a child?
7. To what extent do caregivers include children's home languages when talking with them?
8. What strategies do caregivers use to extend conversations with children, and how effective are these strategies?
9. What opportunities are there for children to be exposed to storytelling (stories read, signed, and told), poems, chants, and songs? How well do these connect to the children's home cultures?
10. What range of voices do children hear?
11. What role models are available (adults or children) to the child to grow and expand knowledge of his/her primary language?

**Goal 2: Infants and toddlers experience environments where they have opportunities to communicate through the use of symbols/pictures, signs, and stories.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An understanding that symbols/pictures can be "read" by others, and that thoughts, experiences, and ideas can be represented through gestures, signs, words, pictures, print, numbers, sounds, shapes, models, facial expression, and photographs
- b. Familiarity with symbols/pictures and their uses (including print) by exploring and observing them in activities that have meaning and purpose and are developmentally appropriate for infants and toddlers
- c. Familiarity with an appropriate selection of the stories and literature valued by the cultures in their community
- d. Familiarity with numbers and their uses by exploring and observing the use of numbers in activities that have meaning and purpose for infants and toddlers
- e. An interest in exploring and using mathematical, reading, and writing materials
- f. An interest in creating and using symbols/pictures
- g. An expectation that words, books, numbers, and other symbols/pictures can amuse, delight, comfort, illuminate, inform, and excite

**Examples of Experiences and Strategies:**

- Caregivers read books to infants, tell/sign them simple stories, and communicate to them about objects and pictures.
- Infants are able to feel and manipulate books and to see and handle photographs and pictures.
- Numbers are used in conversation and interactive times (e.g., finger plays, chants); every day number patterns are highlighted (e.g., two shoes, four wheels, five fingers).
- Caregivers draw attention to concepts (e.g., differences between more and less, big and small).
- The program includes songs, rhymes, stories, books, and chants that repeat sequences.
- Toys with a variety of colors, textures, shapes, and sizes to experiment with and explore freely are available in the environment.
- Toddlers have many opportunities to play simple games and to use an increasing range of toys and materials, which feature a variety of symbols/pictures, shapes, sizes, and colors.
- Caregivers' conversations with toddlers are rich in number ideas, so that caregivers extend toddlers' knowledge about numbers.
- Caregivers model the process of counting to solve every day problems (e.g., asking "How many children want to go on a walk?").
- Toddlers are encouraged to develop the language of position (e.g., above and below, inside and outside) and the language of probability (e.g., might, can't).
- The toddler's name is written on belongings and any personal space, and names or symbols/pictures are used to enable toddlers to recognize their own possessions.
- The language of the child's culture is used as well as the primary spoken and written language of the program.
- Books are available for the toddler to read and carry about; reading books and telling stories are frequent, pleasurable, intimate, and interactive experiences.
- Children experience a wide range of stories and hear and practice storytelling.
- Children are frequently exposed to storytelling in their natural/home languages.

**Questions for Reflection**

1. To what extent are the children's cultural and ethnic backgrounds well represented in the activities, stories, and symbols/pictures found in the program?
2. What is the most effective group size for telling and reading stories, and what factors influence this?
3. How often are stories read aloud/signed, and are there more opportunities for this to happen?
4. In what ways, and for what purposes, do children see mathematics being used and how does this influence their interest and ability in mathematics (e.g., more or less, before or after, big and little, up and down)?
5. In what ways are children exposed to the uses and concepts of print? How could their exposure be increased?

**Goal 3: Infants and toddlers experience environments where they discover and develop different ways to be creative and expressive about their feelings and thoughts.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Familiarity with the properties and characteristics of the materials used in the creative and expressive arts
- b. Skill and confidence with the processes of art (e.g., drawing, collage, painting, print-making, constructing)
- c. Skill with media that can be used for expressing a mood or a feeling or for representing information (e.g., crayons, pencils, paint, blocks, wood, musical instruments, movement)
- d. An ability to be creative and expressive through a variety of activities (e.g., pretend play, art, storytelling, music)
- e. An awareness that music, art, drama, and dance can be expressions of feeling, mood, situation, and culture
- f. Confidence to sing songs, including songs of their own, and to experiment with chants and pitch patterns
- g. An increasing ability to keep a steady beat (e.g., through speech, chants, dances, movement to simple rhythmic patterns)
- h. An expectation that music, art, drama, and dance can amuse, delight, comfort, illuminate, inform, and excite
- i. Familiarity with a variety of types of music, art, drama, and dance as expressions of feeling, mood, situation, occasion, and culture

**Examples of Experiences and Strategies:**

- Caregivers respect, support, and enjoy the variety of ways that infants sense, interact with, and respond to the environment.
- Infants see, hear, and participate in creative and expressive activities in their own ways (e.g., by putting a hand in the paint, clapping hands, babbling).
- Infants have opportunities to experience patterns and sounds in the natural environment (e.g., leaves in sunlight, the sound of rain).
- Caregivers respond and encourage infants' expressive and creative actions (e.g., reflecting movements, joining in clapping).
- Toddlers have experiences with creative materials (e.g., paint, glue, dough, sand, found objects) and are given opportunities for creative play using natural materials (e.g., collecting leaves, arranging pebbles).
- Toddlers are introduced to tools and materials for art and allowed to experiment with them.
- Toddlers have opportunities for movement that involve their whole bodies with abandon and opportunities to participate in dance.
- Props for pretend play are available, and caregivers interact with toddlers' emerging make-believe play.
- The program provides opportunities for toddlers to learn skills with musical instruments (e.g., drums, shakers, bells).

**Questions for Reflection**

1. How is creative expression used to communicate children's cultural backgrounds?
2. What daily opportunities are there for children to express themselves through creative arts?
3. In what ways are all children included in creative activities and able to explore creative areas of interest?

**STRAND E – CONTRIBUTION:**  
**Infants and toddlers have opportunities for learning  
 that are equitable, promote social competency, and  
 value each child’s and family’s contribution.**

**Goals: Infants and toddlers experience environments where:**

- the opportunities for learning are equitable, irrespective of gender, ability, age, ethnicity, or background;
- they are affirmed as individuals;
- they are encouraged to interact and learn with and alongside others; and
- they and their families are empowered to make contributions within the program and as members of their communities.

Caregivers recognize, acknowledge, and build on each infant’s and toddler’s special strengths. They allow each infant and toddler to make a contribution or to “make his or her mark,” acknowledging that each has the right to active and equitable participation in the program. Making a contribution includes developing satisfying relationships with adults and peers. Through interaction with others, infants and toddlers engage in social play, develop an awareness of routines and rules, develop a wide range of relationships, and make their needs known. Early experiences in the development of social confidence have long-term effects, and staff in early childhood education and care settings plays a significant role in helping children to initiate and maintain relationships with peers.

Through respectful, nurturing interaction with others, infants develop a sense of security and trust enabling them to explore their world and develop a sense of identity. In the earliest months of the child’s life, this happens through a strong and trusting relationship with the primary caregiver. As these relationships continue and development progresses, toddlers will learn to take another’s point of view, to empathize with others, to ask for help, to see themselves as a help for others, and to discuss or explain their ideas to adults or to other children. As a result of their contributions to peers, the program, and the community, children develop understanding and awareness of others, positive and accepting attitudes, and the ability to exhibit caring, cooperation, honesty, pride, and independence.

Parents and caregivers have a wealth of valuable information and understanding regarding their children and their contributions and are key to creating effective connections and consistency across homes, the program, and the community.

**Goal 1: Infants and toddlers experience environments where the opportunities for learning are equitable, irrespective of gender, ability, age, ethnicity, or background.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Empathy, understanding, and awareness of others' feelings, and make comforting and accepting gestures to peers and others in distress
- b. Emerging concern for other children who may be excluded from activities because they are different
- c. Understanding of the pro-social value of honesty and truthfulness to the extent their construction of and perception of reality permits it
- d. The ability to carry out or follow through on simple tasks that help or benefit themselves or others
- e. Positive and accepting attitudes toward people of a variety of backgrounds/ characteristics (e.g., race, physical characteristics, culture, ethnic background)
- f. The ability to respond and engage in developmentally appropriate reciprocal interactions
- g. Emerging skills in caring and cooperation

**Examples of Experiences and Strategies:**

- Both girls and boys are encouraged to enjoy challenges.
- Picture books are selected which show girls, boys, women, and men in a range of roles.
- Caregivers avoid making developmental comparisons between children, recognizing that their development is variable.
- The program encourages care practices that are culturally respectful and appropriate in relation to feeding, sleeping, toileting, clothing, and washing.
- A primary caregiver is assigned to each infant and toddler to promote continuity of care and responsive caregiving.
- Infants and toddlers wear clothing that does not restrict their movement and play.
- Caregivers expect and encourage boys and girls to take similar parts in caring and domestic routines.
- Caregivers expect and encourage exuberant and adventurous behavior in both girls and boys.
- Caregivers respect the needs of toddlers to observe and be apart at times, and to take on new challenges at other times.
- In talking with toddlers, caregivers do not link occupations to gender (e.g., by assuming that doctors are men, that nurses are women).
- Activities, playthings, and expectations take account of the fact that each toddler's developmental stage and mastery of skills is different.
- Each child's culture is included in the program on a continuous basis through song, language, pictures, playthings, and dance.
- Caregivers model the kind of behaviors they would expect and value in young children.

**Questions for Reflection**

1. How are books and pictures selected, and do these procedures ensure that books and pictures show children of various genders, ethnicity, age, and ability in a range of roles?
2. Are there situations where, for reasons of age or ability, a child is not included in something, and how can the situation be adapted to ensure inclusion?
3. In what ways and how well is the curriculum genuinely connected to the families and cultures?
4. In what ways do caregivers encourage children of different ages to play together, and how well is this achieved?
5. Do primary caregivers communicate positively, openly, and respectfully, expressing themselves in a language and style appropriate to children's age, developmental level, and individuality?
6. Do caregivers model the same kind of self-regulation, empathy, acceptance of others, and engagement with learning that they would expect and value in young children?
7. Do caregivers have positive expectations and encourage infants and toddlers to undertake challenging tasks with their assistance, and to do well at an activity within the child's capacity to perform?

**Goal 2: Infants and toddlers experience environments where they are affirmed as individuals.****Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. A sense of "who they are," their place in the wider world of relationships, and the ways in which these are appreciated
- b. A range of abilities and interests (e.g., spatial, visual, linguistic, physical, musical, logical or mathematical, personal, social) which build on the children's strengths
- c. A sense of being able to make something happen that matters to them and to others
- d. A growing sense that they are valued and that their presence and activities gain positive responses from others
- e. A sense of optimism, that life is exciting and enjoyable, and they have a positive place within it
- f. The ability to look forward to events that affirm their growth (e.g., getting taller, getting new shoes, a first haircut, looking forward to upcoming visitors and events)
- g. An awareness of themselves as unique individuals

**Examples of Experiences and Strategies:**

- Infants are carefully observed so that caregivers know individual infants well, respect their individual ways (e.g., in food preferences, handling), and respond to them appropriately.
- Caregivers learn each infant's individual preferences and rituals (e.g., for going to bed, for feeding).

- Caregivers respond to infants' signals of pleasure, discomfort, fear, or anger.
- Caregivers help to extend infants' pleasure in particular activities (e.g., hearing specific music, responding to colors, enjoyment of certain rhythms).
- The program builds on the passions and curiosity of each toddler.
- Toddlers are encouraged to do things in their own particular ways when this is appropriate.
- Toddlers' preferences in play activities (e.g., liking sand but not water) are respected.
- Toddlers are encouraged to contribute to small-group happenings (e.g., joining in the dance, bringing chairs around the table for snack time).
- Caregivers talk positively with toddlers about differences in people, places, things, and events.

### **Questions for Reflection**

1. How often does staff observe individual children? In what ways are these observations carried out and shared and what are the observations used for?
2. In what circumstances is it appropriate for the needs of the group to take priority over those of individual children?
3. How often, and in what circumstances, can children obtain individual attention?
4. In what ways does the program accommodate the individual strengths, interests, and individual ways of doing things represented by each child and family? What impact does this have on children, and are there other ways children's individuality could be encouraged?
5. What staffing provisions are made for ensuring that individual attention is given to infants and toddlers with special needs, and are these provisions sufficient?
6. In what ways, and how well, does the program provide for children with unusual interests or exceptional abilities?
7. In what ways do caregivers encourage children to undertake challenging tasks with their assistance, and avoid negative responses and labeling if the child does not succeed?
8. How does the program use an array of positive responses to affirm children as individuals?

### **Goal 3: Infants and toddlers experience environments where they are encouraged to interact and learn with and alongside others.**

#### **Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An increasing ability to take another's point of view and to empathize with others
- b. Ways to enjoy solitary play when they choose to be alone
- c. An increasing sense of competence and confidence in growing abilities
- d. Acceptable ways to assert their independence
- e. 'Friendship skills,' where they can play harmoniously with their peers through cooperation and participate in the give and take of ideas
- f. An increasing ability to share by showing interest in and awareness of the feelings of others



**Examples of Experiences and Strategies:**

- The program enables infants to be safe in the company of other children or older children.
- Caregivers talk to infants about what other children are doing and encourage the infant's interest in other children.
- Caregivers respond to infants' social communication (e.g., smiles, gestures, noises).
- Infants are included in appropriate social happenings.
- Caregivers provide guidance and support in resolving conflicts (e.g., sharing floor space).
- Many opportunities are provided for self-selected small-group activities (e.g., action songs, listening to stories, exploring novel materials together, going for a walk).
- Toddlers have opportunities to help with the care of others.
- Group activities for toddlers have an individual aspect to them as well (e.g., using brushes to paint water on concrete involves both individual and team efforts).
- Toddlers' preferences for solitary or parallel play are accommodated.
- Sufficient playthings are available for parallel play, and caregivers mediate in toddlers' conflicts over possessions.
- Caregivers support toddlers' attempts to initiate social interactions with other children and staff.
- There are realistic expectations about toddlers' abilities to cooperate, take turns, or wait for assistance.

**Questions for Reflection**

1. How does the program allow children to care for and support other children, and how well do they do this?
2. What do children learn best from each other, and how is this learning facilitated?
3. How are the materials and activities organized to facilitate learning to take turns?
4. To what extent is sharing important? When should there be enough playthings to prevent conflict?
5. What sorts of happenings and activities do the children enjoy most as a group?
6. Are there creative and constructive problem-solving activities that encourage infants and toddlers to cooperate with and support each other? How effective are these activities?
7. How are infants and toddlers helped to see the other person's perspective and learn how to compromise in a mutually respectful way?

**Goal 4: Infants and toddlers experience environments where they and their families are empowered to make contributions within the program and as members of their communities.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. A growing sense of themselves as part of a family
- b. A sense of pride in themselves and their families
- c. A growing sense of connection and consistency across their homes, the program and their community
- d. A positive sense about their participation in the program, their families, and their community

**Examples of Experiences and Strategies:**

- Parents and caregivers communicate with each other in order to attain a consistent and understanding approach to the care of their children.
- Families play various roles in the program setting because their special strengths and skills are recognized and utilized.
- Families are given the opportunity to create connections between activities at the program and at home.
- Infants and toddlers experience security, connection and consistency between home and the program as a result of sharing information about concerns, interests, and activities.
- Infants and toddlers experience natural learning opportunities in the community as part of the family and caregivers' daily routine and activities (e.g., walks in the neighborhood, grocery shopping with the family, visiting the local park).
- Both the families and the program offer infants and toddlers an array of activities and resources, including those that promote physical health, appropriate to their developmental characteristics and needs.
- Caregivers and parents model appropriate behavior and values for other parents and children.

**Questions for Reflection**

1. How does the program respect family culture and encourage families to share their culture?
2. In what ways does two-way communication take place between program and home?
3. Are there creative ways to help the family extend learning from the program setting to the home? What are these techniques?
4. How are opportunities for spontaneous learning supported at home, in the program, and in the community?
5. How are parents involved in assessing and evaluating the program?
6. How does the program demonstrate respect for the aspirations of parents for their children?

## Quality Program Standards for Infant and Toddler Programs

### Introduction

The standards in this section of the document define quality in home- and center-based programs for infants and toddlers, regardless of sponsorship or funding. They build upon the minimums defined in Michigan's Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes. Each program standard is followed by a list of statements that illustrate a variety of ways that a quality program may demonstrate that it meets the standard. A particular program will meet some, but perhaps not all, of the items that demonstrate each standard.

Funding stipulations of certain targeted programs may require programs to meet particular standards in specific ways. Programs funded for targeted populations may have required components to meet the standards. Although almost all children can be successfully served in programs that are open to all children of a particular age, in some cases this is not possible because of funding restrictions or the needs of the children themselves for specialized services that cannot be provided with sufficient intensity in an inclusive program. For example, programs for children with special needs will find that the program standards themselves are still applicable, but that they need to be met in particular ways to meet the needs of the children enrolled. Implementation documents, operating manuals, applications, and the like will provide additional guidance to such targeted programs.

Many of the program standards in this document that define high quality in infant and toddler programs are identical to or very similar to the program standards in the *Early Childhood Standards of Quality for Prekindergarten*. In many aspects, high-quality early childhood programs for infants and toddlers are like high-quality programs for preschoolers. In the majority of cases, programs that serve infants and toddlers also serve preschoolers; however, many programs that serve preschoolers do not serve younger children.

It is important to note the differences in quality standards for the different age groups. Although the topics covered are the same, there are important differences in actual standards, such as adult:child ratio and group size. In infant and toddler programs, the environment of care and learning includes structural elements and elements of relationship and program climate in a very interrelated fashion. In many cases, the relationship between the very young child and his/her caregiver defines the curriculum. Infants and toddlers learn communication skills, make cognitive gains, and even grow and develop physically within the context of this special relationship.

It is also important to note that the role of children's families is most critical to the success of infant and toddler programs. The needs of children and families are so interwoven at this stage of development that it makes little sense to separate them. Therefore, while the prekindergarten standards include a separate section on the

relationship with parents, in this document, the relationship with the family is woven into all of the program standards areas.

Programs that meet these high-quality program standards will create an interpersonal and physical environment that creates a greater likelihood that infants and toddlers who participate will begin to develop in the ways described in the *Early Development and Learning Strands for Infants and Toddlers*. Children with this strong foundation are on a path that will lead to success as students in school and as individuals in their lives.

## A. The Program's Statement of Philosophy

A high-quality infant/toddler education and care program, whether in a center or home setting, begins with an underlying theory or statement of fundamental beliefs—beliefs about why the program exists, what it will accomplish, and how it will serve all the infants and toddlers and their families involved in the program. The philosophy establishes a framework for program decisions and provides direction for goal setting and program implementation, the foundation upon which all interactions and activities are based. In programs also serving older children, the program's philosophy statement specifically addresses the beliefs regarding how to serve infants and toddlers as distinct from the overall statement about the broader age range of children.

The philosophy statement guides decisions about how the program:

- Promotes a climate of acceptance and inclusion by enrolling children of varying cultural, ethnic, linguistic, and racial backgrounds who have a range of abilities and special needs.
- Nurtures a partnership between families and the program.
- Provides qualified and nurturing staff members who use developmentally appropriate practices and who develop warm, responsive relationships with each child and family.
- Enhances each infant's and toddler's social emotional health and well-being through the assignment of a primary caregiver.
- Establishes a warm, stimulating, and multi-sensory environment filled with developmentally appropriate materials and activities.
- Provides for continuous staff development.
- Maintains a continuous assessment and evaluation system that regularly monitors individual infants' and toddlers' development and the important aspects of the program's quality to support children's continued development and learning.
- Fosters collaboration with the community and ensures appropriate referrals.

Program administrators/caregivers use current research about very young children's growth, development, and learning in combination with national standards to inform the development of its philosophy statement.

1. **Program Standard:** A written philosophy statement for the infant/ toddler education and care program is developed, reviewed, and amended as appropriate.

### A Quality Program:

- a. Uses input from staff, the governing board, families, and community representatives; requirements of legislation; research findings; and/or other significant information sources which impact the education and care of very young children to inform the development and annual review and revision as applicable of the philosophy statement.

- b. Recommends, as applicable, adoption and annual reaffirmation of the philosophy statement by the governing or advisory board of the program.

**2. Program Standard: The philosophy statement is comprehensive, addresses all aspects of the program, and is based on research and widely accepted best practice.**

**A Quality Program:**

- a. Uses the philosophy statement to define the purpose and nature of the program.
- b. Aligns the philosophy statement with all applicable federal, state and local laws, standards, licensing requirements, and guidelines for infant and toddler programs.
- c. Uses the philosophy statement to address the social, economic, cultural, linguistic, and familial needs of the community served by the program.
- d. Bases the philosophy on evidence-based information (e.g., references about the importance of early relationship development).

**3. Program Standard: The philosophy establishes a foundation for the design, implementation, and operation of the program; it provides direction for goal setting and informs decision making on a continuous basis.**

**A Quality Program:**

- a. Uses the philosophy to develop the program's goals and objectives.
- b. Assures that the philosophy is visible in the program's operational plan (e.g., policies, activities, and experiences, nature of the family partnership, caregiver practices) and its implementation.
- c. When operating as a part of a program serving a broader age range of children, uses the philosophy statement to demonstrate understanding of the specific and unique nature and needs of infants and toddlers as distinct from the older children in the early childhood (birth through eight) age range.
- d. Views the philosophy statement as a living document consulted frequently in daily decision making.
- e. Applies the philosophy in the evaluation and any subsequent revision of the program.
- f. Uses the philosophy statement in the development of staff hiring practices and job descriptions, personnel evaluations, and professional development activities.
- g. Uses the philosophy statement to resolve potential conflicts about program practices.

**4. Program Standard: The program promotes broad knowledge about its philosophy.**

**A Quality Program:**

- a. Disseminates copies of the philosophy statement to program staff, governing board members, families, and other interested persons.
- b. Includes discussion of how the philosophy affects the operation of the program in staff development and information sessions for families, other agencies, and community members.

## B. Community Collaboration and Financial Support

Development and learning are enhanced when early childhood education and care programs work collaboratively and cooperatively with community programs, institutions, organizations, and agencies to meet and advocate for the broader needs of infants and toddlers and their families through direct services or referrals. Although the sponsorship and location of programs may vary (e.g., be single owner, agency-sponsored, home-based, center-based), all benefit from locating and using community resources and supports to enhance services and strengthen program quality.

Financial support for early childhood programs also varies widely. Many programs depend entirely on parent fees; others receive the majority of their support from public sources. Regardless of the source of the program's resources, the components of high-quality infant and toddler programs are well established (e.g., well-qualified staff; evidence-based practices, including a major emphasis on relationships between children and their primary caregivers; strong family partnerships, reflective supervision, ongoing professional development) and do not differ based on the program's sources of support.

### 1. **Program Standard:** The program shows evidence of participation in early childhood collaborative efforts within the community.

#### **A Quality Program:**

- a. Participates in the on-going development of a common community philosophy of early childhood expectations.
- b. Shares information on available community services and eligibility requirements for services with administrators, families, and all early childhood caregivers.
- c. Plans with other community programs/agencies for coordination of a comprehensive, seamless system of services for all children and families in the community.
- d. Explores and, to the extent possible, employs joint funding (e.g., funding from public, private, family sources) of the program.
- e. Encourages and participates in joint and/or cooperative professional development opportunities.
- f. Promotes outreach efforts in the community to develop and extend knowledge about infants and toddlers as part of ongoing public relations.
- g. Links to a community early childhood collaborative council or networking group, when available.



**2. Program Standard: Program staff works cooperatively and collaboratively with other early childhood programs in the community in order to facilitate transitions of infants and toddlers across programs and settings.**

**A Quality Program:**

- a. Collaborates to ensure a smooth transition for infants and toddlers and their families into the program and, as necessary, from the program into other early childhood settings.
- b. Promotes an awareness of all early childhood programs in the community and an identification of commonalities.
- c. Facilitates transitions by sharing appropriate printed materials and activities for families.
- d. Maintains a process on confidentiality and release of information to allow for sharing information as appropriate.
- e. Cooperates with *Early On*<sup>®</sup> personnel (Early Intervention, Part C of IDEA; see Glossary) to address the transition needs of children, including infants and toddlers with delays and/or disabilities.
- f. Participates in joint funding and professional development opportunities for staff regarding transitions for infants and toddlers and their families.

**3. Program Standard: Program staff works with public and private community agencies and educational institutions to meet the comprehensive needs of individual infants and toddlers and their families.**

**A Quality Program:**

- a. Supports the empowerment of families to access needed services for their infants and/or toddlers.
- b. Reduces systems barriers by working with collaborating entities to expand existing support services for infants and toddlers (e.g., physical and mental health services, parenting initiatives).
- c. Shares available community resources to achieve specific objectives with the entire early childhood community (e.g., health screenings, counseling, food programs).
- d. Has knowledge of community programs and their eligibility requirements.
- e. Shares physical space whenever possible (e.g., well-baby clinic, referral specialists, food pantry, clothing bank).
- f. Encourages professional organizations and local entities to share information about training, conferences, and other professional development opportunities with all center and home early education and care programs in the community.
- g. Participates in the preparation and implementation of contracts or memoranda of agreement between/among participating agencies.
- h. Advocates on behalf of infants and toddlers and their families and supports the further development of high-quality early childhood education and care programs in the community.

4. **Program Standard:** The program is enhanced through its connections with community groups, agencies, and the business community.

**A Quality Program:**

- a. Invites members from community groups/organizations (e.g., senior citizen, volunteer, and service groups; business organizations; faith-based communities; charitable organizations; libraries; museums) to support the program.
- b. Encourages families and members from community groups/agencies to become involved in the work of the early childhood collaborative council or networking group, if applicable.
- c. Promotes and participates in community programs for families.

5. **Program Standard:** Funds and resources are identified, secured, and used to provide a high-quality, accessible infant/toddler program supportive of infants, toddlers, and their families.

**A Quality Program:**

- a. Designates funds to implement, evaluate, and improve all program components and accomplish the program's objectives.
- b. Designates funds to obtain and maintain a safe supportive and stimulating environment for infants, toddlers, their families, and the staff.
- c. Designates funds to attract, retain, and professionally grow qualified, competent, and nurturing staff.
- d. Designates funds to foster effective program/family partnerships.
- e. Provides funds to address unexpected occurrences (e.g., additional staffing needs, facility maintenance).

## C. Physical and Mental Health, Nutrition, and Safety

Infants' and toddlers' physical, mental (emotional and behavioral), and oral health; good nutrition, optimum vision and hearing; and safety are essential to their development and learning. Optimal development and learning can best occur when infants' and toddlers':

- Health needs are recognized and addressed, and
- Physical and emotional well-being are supported.

Michigan's licensing rules for family and group homes and child care centers address many areas of physical and mental health, safety and nutrition. The standards included in this document supplement, but do not reiterate licensing requirements and describe services provided in a high-quality program. Particular licensing rules, such as those related to safe sleep for infants, sun safety, and many others, are assumed. In addition, provisions of other Michigan and federal rules and laws must also be followed [e.g., Occupational Safety and Health Administration (OSHA) requirements, pest control management policies, the Americans with Disabilities Act (ADA), the confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Education Rights and Privacy Act (FERPA), and the Michigan Child Care Organizations Act 116 of 1973].

In partnership with families, a high-quality early education and care program addresses health needs by establishing a mutual exchange of information between parents and the program and by providing services directly or, in collaboration with families and with their consent, by creating linkages with agencies or individual infancy and early childhood behavioral and health care providers that do provide such services.

1. **Program Standard:** A Program Health Plan is developed to support the maintenance and improvement of children's health; the plan is developed and implemented with family input and describes policies, procedures, and resources to meet the physical, mental (emotional and behavioral), and oral health; vision and hearing; nutrition; and safety needs specific to infants and toddlers.

### **A Quality Program:**

- a. Ensures that the Program Health Plan addresses infants' and toddlers' preventive and primary physical, mental, oral, and nutritional health care needs through direct service and/or the provision of information and referral to their parents.
- b. Ensures that the Program Health Plan provides for reviewing and updating health records according to the most current Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers at least annually.
- c. Ensures that the Program Health Plan recognizes, establishes, and implements a protocol for addressing physical and mental health concerns (e.g., lack of weight

gain, vision and/or hearing problems, difficulty with calming/regulation, oral health issues).

- d. Ensures that the Program Health Plan implements a protocol that includes discussion with parents about their preferences and choices in referrals to appropriate behavioral health care providers and agencies when health issues are identified.
- e. Ensures that the Program Health Plan addresses the implementation of any recommended treatment plans [e.g., Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), behavioral and health management plans].
- f. Ensures that the Program Health Plan has policies and implementation processes to address physical, mental, oral, and nutritional, health care, and safety emergencies.
- g. Ensures that the Program Health Plan has a process for identifying and addressing individual children's health action plans, including those relating to allergies and medications.
- h. Ensures that the Program Health Plan contains a process for observing each child's health and development on a daily basis and communicating these observations to the child's family, to the child's other caregivers, and to specialized staff, with recommendations for family to seek a medical opinion as necessary.
- i. Ensures that the Program Health Plan contains a process for sharing daily communication logs with parents.
- j. Ensures that the Program Health Plan supports infants' and toddlers' optimal nutrition through policies/protocols to:
  - Follow U.S. Department of Agriculture (USDA) nutritional guidelines specific to infants and toddlers;
  - Accommodate medically-based diets or other dietary requirements;
  - Support and accommodate mothers who are breastfeeding;
  - Address optimal feeding and feeding patterns while being respectful of individual and family needs (regardless of age requirements); and to
  - Assure that nutritional services contribute to the development and socialization of children by encouraging caregivers to interact with children during mealtime.
- k. Ensures that the Program Health Plan contains a provision requiring the training of caregivers to understand and implement any complex or unusual components of the Individual Child Health Plans (e.g., glucose finger pricks for children with diabetes, epinephrine for children with life-threatening allergic reactions, plans to respond to food allergies, plans to accommodate lead-affected children, diapering for older children with special needs) (see Standard 3 below).
- l. Ensures that the Program Health Plan contains a policy regarding dismissing children to non-custodial parents/guardians, or to parents who appear to be under the influence of alcohol or drugs.

- 2. Program Standard: In collaboration with parents, comprehensive Individual Child Health Plans are developed and maintained for each child enrolled in the program.**

**A Quality Program:**

- a. With family consent, implements plans to accommodate a child's health care, mental health, or safety needs before services to a child begin or as soon as possible after the need is identified.
- b. Assures that the Individual Child Health Plan includes all health information as required in licensing (e.g., physical assessment, immunization status or waiver, emergency care statement, medicine administration/application).
- c. Incorporates relevant components of the Program Health Plan into each child's Individual Child Health Plan (see Program Standard 1 above).
- d. Assures that the Individual Child Health Plan addresses any unique needs of the child and is sensitive to culture and family choices.

- 3. Program Standard: The program's policies and practices support the inclusion of infants and toddlers with special health care and developmental needs and assure that a child's special needs are reflected in the child's Individual Child Health Plan.**

**A Quality Program:**

- a. Has adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health care procedures.
- b. Protects the privacy of the child affected, and her or his family, while promoting understanding of the child's special physical and/or mental health care needs.
- c. Assures that staff members receive written, clear, and thorough instructions on how best to meet the child's physical and/or mental health or developmental needs (e.g., instructions supplied by parents, by behavioral and/or health care or other providers).
- d. Obtains assistance from community partners (e.g., hospitals, intermediate school districts, community mental health agencies, local health departments) for ways to include and accommodate the child in the program.

- 4. Program Standard: The program adheres to the requirements set forth under the Americans with Disabilities Act (ADA) in welcoming and accommodating children and families with disabilities.**

**A Quality Program:**

- a. Makes all personnel familiar with the provisions of the ADA, and established policies that support the inclusion of children or parents with disabilities (e.g., toileting/diapering).

- b. Develops partnerships with parents, program staff, and other professionals to plan and design ways to make the physical setting and program accessible and beneficial.
- c. Provides services to each child with special needs that are equal to and as effective as services for all other children, in the same rooms or activity areas as all other children.
- d. Assesses and removes barriers affecting the accessibility of the facility (e.g., accessible parking; firm, smooth non-slip floor surfaces; clear pathways; ramps; handrails in restrooms).
- e. Makes reasonable, individualized, developmentally appropriate adaptations to daily activities to include children, parents, and others with disabilities.
- f. Makes use of assistive technology as appropriate.
- g. Fully accommodates medically-based diets or other dietary restrictions.

**5. Program Standard: Staff participates in on-going professional development in order to understand and have the skills necessary to implement the written Program Health Care Plans and the Individual Child Health Care Plans.**

**A Quality Program:**

- a. Provides staff development on the identification of normal growth and development, vision and hearing skills, oral health development, and nutritional status.
- b. Provides staff development on the observation and identification of the early signs of:
  - Emotional and behavioral challenges;
  - Child abuse and neglect;
  - Health care concerns;
  - Communicable disease;
  - Acute illness; and
  - Developmental delay or other special need.
- c. Educates staff in how to communicate observations and concerns to parents in a way that is sensitive, objective, and confidential.
- d. Provides staff development for caregivers in securing or providing referrals for needed services and documents all follow-up efforts.

**6. Program Standard: All staff has current certification in First Aid and Cardio-Pulmonary Resuscitation (CPR) for Infants, Children, and Adults and current training in universal precautions.**

**A Quality Program:**

- a. Provides professional development for all staff working with children regarding safe environments and regulatory requirements.
- b. Identifies available professional development opportunities and shares resources.

- c. Educates all staff in sanitation procedures including universal precautions.
- d. Educates all staff on CPR for infants, children and adults, and first aid in accordance with the schedule established by the American Red Cross.

**7. Program Standard: The program has policies and procedures to maintain a safe indoor and outdoor environment for infants and toddlers.**

**A Quality Program:**

- a. Implements and, at a minimum, annually reviews written policies and procedures for staff and parents regarding safety and the environment.
- b. Annually updates the background check for all personnel relating to felony convictions involving harm or threatened harm to an individual and relating to involvement in substantiated child abuse and neglect.
- c. Conducts a daily assessment of the safety and suitability of the physical environment.
- d. Is in a physical location that is free of environmental risks (e.g., lead, mercury, asbestos, indoor air pollutants).
- e. Monitors outdoor air pollutants and responds appropriately (e.g., Ozone Action Days, heat warnings, exposure to sun).
- f. Implements an Individual Pest Management Plan in accordance with the requirements of the Michigan Department of Agriculture's law on pesticides.

## **D. Staffing and Administrative Support and Professional Development**

Staffing for licensed and regulated infant/toddler programs requires individuals with differing levels of education and experience as required by regulation and the program's administering agency. All caregiving staff, support staff, and non-paid personnel (e.g., parents, volunteers) should have training, experience, and access to professional development activities needed for their responsibilities. Strong, knowledgeable, and effective administrative leadership is needed to support an effective infant/toddler program.

High-quality programs for infants and toddlers and their families employ caregivers who are professionally educated. Such education provides the infant/toddler caregiver with the necessary knowledge and skills to plan and implement a program that is developmentally and individually appropriate and specific to the education and care of infants and toddlers.

Relevant professional development topics include but are not limited to:

- The role of the caregiver (e.g., providing infants and toddlers with sensitive, responsive and nurturing care, attending to the foundations of trust, acknowledging the importance of language as a foundation for literacy);
- Knowledge about growth and development of the whole child including children with special needs;
- How to develop supportive and cooperative relationships and partnerships with families;
- How to design and maintain an appropriate physical environment that both stimulates and soothes, and challenges infants and toddlers to engage with curiosity while protecting them from elements that would cause stress;
- How to provide safe and healthy environments;
- How to provide environments that promote and provide adequate time for positive caregiver-caregiver, caregiver-child and child-child relationships and interactions;
- Understanding of the importance of the consistency of the primary caregiver in promoting infants' and toddlers' social and emotional health/well-being;
- How to provide daily experiences that are individualized and age appropriate and that promote development in all areas: self-concept, emotional, social, physical, language and cognitive;
- How to develop and support a rich language environment;
- How to monitor and assess children's development;
- Knowledge about and understanding of cultural and linguistic diversity, cultural competence, and how to work with families whose primary language is different from the primary language used by staff in the program; and
- Information about community resources to support families and programs.



Note: Please consult the Glossary for definitions of the staff roles discussed in this section (e.g., caregiver, lead caregiver, program administrator, infant/toddler specialist).

1. **Program Standard:** The program employs caregivers who have formal professional preparation specific to the education and care of infants and toddlers and temperament that enables them to develop and implement a program consistent with the program's philosophy.

#### **A Quality Program:**

- a. Employs caregivers who have the following preparation in center-based programs:
  - Lead Caregiver:** Minimum: Bachelor's degree or higher in early childhood education, child development, nursing, or other child-related field, any of which have included specific course content in infant/toddler growth, development and curriculum. Preferred: Caregiver may also have achieved and maintains an endorsement at Level 2 or higher of the Michigan Association of Infant Mental Health (MiAIMH).
  - Caregiver:** Minimum: Associate's degree in early childhood education, child development, nursing or other child-related field, any of which have included specific course content in infant/toddler growth, development and curriculum, or hold a Child Development Associate (CDA) credential focused on infant/toddler care. Preferred: Caregiver may also have achieved and maintains an endorsement at Level 1 or higher of the MiAIMH.
- b. Employs caregivers who have the following preparation in family and group home programs:
  - 1) **Caregiver:** Minimum: Associate's degree or higher in early childhood education, child development, nursing, or other child-related field any of which have included specific course content in infant/toddler growth, development and curriculum, or hold a Child Development Associate (CDA) credential focused on infant/toddler care; or have achieved and maintains an endorsement at Level 2 or higher of the MiAIMH.
  - 2) **Assistant Caregiver:** Minimum: Combination of experience and relevant college course-work equivalent to a year of college in early childhood education, child development, nursing, or other child-related field any of which have included specific course content in infant/toddler growth, development and curriculum; has satisfactorily completed at least one year of a vocational-occupational child care aide training program approved by the Department of Labor and Economic Growth; or has completed one year of apprenticeship in a recognized child care apprenticeship program sponsored by the U.S. Department of Labor.
- c. Employs caregivers whose preparation has included a supervised or monitored experience or practicum specific to the education and care of infants and toddlers.
- d. Employs caregivers whose preparation has included a parent education and family involvement component.

- e. Employs caregivers whose aptitude and temperament allow for responsive and sensitive infant and toddler caregiving.

**2. Program Standard: Staffing patterns and practices allow for program implementation, continuity of care, consistency of staff, and optimal interactions among staff, children and families.**

**A Quality Program:**

- a. Maintains a recommended ratio of 1:3 (volunteers are not counted to meet recommended ratios):
  - 1) In center-based settings, maintains recommended group sizes as follows:
    - Maximum of six infants, birth to 12 months of age;
    - Maximum of nine young toddlers, 12-24 months of age;
    - Maximum of 12 older toddlers, 24-36 months of age; or
    - The number of children specified in applicable regulations/laws, if lower.
  - 2) In child care home settings, maintains a recommended ratio of 1:3 children less than 36 months of age, with no more than two children (if family child care) or three children (if group child care) under the age of 24 months.
  - 3) In all settings in which infants and toddlers are cared for in mixed age groups, maintains a group size of six or less.
- b. In order to promote continuity of care and responsive caregiving, assigns a caregiver to each infant and toddler who has primary responsibility for that child.
- c. Assigns at least one lead caregiver to each group.
- d. Assigns staff, as appropriate, to support the requirements of any Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP).
- e. Assures that the infant/toddler program is under the direction of administrative/supervisory personnel in consultation with a specialist in infant/toddler development and care.
- f. Provides staff with paid time for planning with colleagues and specialists.
- g. Enhances staff retention as well as greater continuity and consistency for children by providing consistent reflective, responsive supervision and mentoring of staff.
- h. Implements policies that support and promote staff retention and longevity.

**3. Program Standard: Support staff and volunteers are assigned to roles that enhance the program's goals.**

**A Quality Program:**

- a. Provides orientation on program goals and objectives as well as basic methods of positive interaction with infants and toddlers and their families.
- b. Assigns tasks and responsibilities that compliment the skill level and areas of strength of support staff and volunteers.

- c. Offers professional development and advancement opportunities.
- d. Enhances the staff/child ratio and consistency of care through the use of support staff and volunteers who work directly with children. (However, volunteers and support staff are not counted to meet recommended ratios in Standard 2.)

**4. Program Standard: Policies and procedures ensure that administrators and staff participate in systematic, on-going professional development.**

**A Quality Program:**

- a. Assures that professional development is based upon program and individual needs assessments, and aligns with the plans for professional development individualized by each staff member in consultation with administrative leadership.
- b. Assures that professional development is grounded in evidence-based practice and supports the program goals.
- c. Assures that staff members participate each year in early childhood professional development activities that allow staff to achieve higher levels of functioning (e.g., in-service activities, professional workshops, seminars, training programs, credential and endorsement programs, courses at institutions of higher learning, teacher exchanges, observations, mentoring).
- d. Supports staff affiliation with local, state, or national professional organizations and organizations that advocate on behalf of young children and families.
- e. Maintains a collection of professional development resources.
- f. Has a written plan for and documents staff participation in professional development activities.
- g. Assures that professional development enables all staff to effectively support the participation of infants and toddlers with special needs and those learning a language other than their primary language.
- h. Assures that professional development emphasizes and supports the importance of partnerships with families.
- i. Requires administrators and supervisors to support the provision of and staff participation in individually appropriate and responsive staff development and in-service training.

**5. Program Standard: The program employs or identifies a program administrator qualified to lead, implement, evaluate, and manage a high-quality education and care program for infants and toddlers.**

**A Quality Program:**

- a. Employs an administrator in a center-based program who:
  - 1) Has educational preparation in developmentally appropriate early childhood education and educational preparation and experience in the supervision, management, and evaluation of personnel, facilities, and

- program budget and in the coordination of the program with other local, state, and federal agencies;
- 2) Is assigned the responsibility for obtaining the resources necessary to fund the program; and
- 3) Is assigned the responsibility for the collaborative efforts of the program (e.g., those described in the Community Collaboration section).
- b. Employs an individual to operate a family and group home program who:
  - 1) Meets the caregiver qualifications for family and group child care identified in Program Standard 1 of this section;
  - 2) Implements procedures so that the program is operated as a small business, with specific attention paid to supervision and evaluation of caregiving staff, maintenance and upgrading of the physical spaces used for care, and appropriate handling of accounts;
  - 3) Seeks opportunities to coordinate with other local entities involved in supporting families with infants and toddlers, while advocating for high standards in all programs that touch their lives;
  - 4) Identifies and uses resources necessary to implement high-quality programming for infants and toddlers; and
  - 5) Seeks opportunities to collaborate with programs in the greater community and across the state in order to increase knowledge or enhance service.

**6. Program Standard: The program employs, contracts with, or has access to and regularly consults with an infant/toddler specialist.**

**A Quality Program:**

- a. Employs, contracts with, or has access to an infant/toddler specialist who has a graduate degree in early childhood, child development, or other child-related field, any of which have included specific course content in infant/toddler growth, development, and curriculum.
- b. Preferably, employs, contracts with, or has access to an infant/toddler specialist who has achieved and maintains an endorsement at Level 3 or higher of the MiAIMH.
- c. Employs, contracts with, or has access to an infant/toddler specialist who has specific experience in planning, developing, and implementing programs for infants and toddlers and has the ability and experience to evaluate family and group early education and care programs according to specific criteria for these age groups.

**7. Program Standard: The program and its personnel are evaluated annually.**

**A Quality Program:**

- a. Arranges for the infant/toddler specialist and/or the program administrator to annually evaluate staff performance according to local, state, and national standards for high-quality infant/toddler education and care and/or criteria using a variety of techniques (e.g., observation, self-evaluation).
- b. Conducts staff evaluation in an on-going relationship-based reflective manner.
- c. Arranges for, under the direction of the infant/toddler specialist and/or the program administrator and in conjunction with caregivers, support staff, parents, and collaborative partners, an annual evaluation of the program.
- d. Conducts program evaluation using local, state, and national standards or criteria for high-quality, effective infant/toddler education and care.

## E. An Environment of Care and Learning

A high-quality infant/toddler program views the development and learning of very young children as an integrated process encompassing all the domains of development (social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical). As development and learning are intertwined, so are the components of care and learning environment in a high-quality program. The leaders of an effective program understand that the program's structure, how relationships are nurtured, the physical environment, and the activities and experiences offered to children are interdependent and must be considered together in planning and carrying out the program. The interpersonal and physical environment in a high-quality program is designed to enable infants and toddlers to experience:

- well-being;
- a sense of belonging;
- confidence in exploration;
- growing skill in communication; and
- the opportunity to contribute.

When such opportunities are provided, infants and toddlers are able to develop and sustain a sense of trust, emotional well-being, self-regulation, growing social competence, an aptitude for learning, and the confidence necessary to be successful now and later in school and life. From the foundation of warm responsive caregiver-child relationships, young children's development and learning take place. This occurs through rich interpersonal interactions and as a result of direct experiences with a variety of materials. Direct communication with each child throughout the day promotes language development. Infant and toddler environments must be rich in vocabulary that enlarges the child's access to ideas and experiences.

The standards in this section are organized in four components; none of them stands alone.

### **Program Structure (Standards 1 through 6)**

A high-quality infant/toddler education and care setting, whether in a center or home and regardless of its sponsorship, complies with all applicable regulations and implements and maintains appropriate and consistent policies and procedures. How the program assigns caregiving staff is critical to supporting the optimum development of infants and toddlers. A program is organized to make certain its physical and human resources support the philosophy and make the best use of available resources.

### **Relationships and Climate (Standards 7 through 11)**

Nurturing and supportive relationships are essential for the healthy development of infants and toddlers. A high-quality infant/toddler program is individualized to meet each child's needs and promote positive relationships between and among children, caregivers, staff and families. The quality of the nurturing relationships infants and toddlers experience form the basis of much of their overall development. Emerging knowledge about development confirms the central role strong and positive relationships play in cognitive and social-emotional development.

### **Space, Equipment and Materials (Standards 12 through 14)**

A high-quality care and learning environment for infants and toddlers occurs in a physical space that is organized and equipped to support their emotional and physical comfort and to foster their independence, self-reliance, exploration and discovery. The space is safe, warm and comfortable, and allows caregivers to easily interact with individual children and children to interact with one another. The setting should also be inviting and comfortable for their families and have room for them to interact with caregivers and children.

The kind, quality, and quantity of toys and other learning materials in the environment play a critical role in advancing the development of infants and toddlers. Toys and materials must be adequate and appropriate to children's age, developmental levels, and culture, and relate to what they are learning. High-quality programs assure that the space, materials, and equipment promote learning experiences, children's well-being, positive interactions with caregivers and other children, a sense of belonging, and overall program quality.

### **Activities and Experiences (Standards 15 through 19)**

Caregivers use their understanding of infant/toddler development and their knowledge about the individual children in their group to organize activities and experiences within the learning environment. Whether or not children's development and learning are supported depends on everything that happens on a daily basis within the setting, encompassing everything caregivers do, the way space is organized, the materials available, how children are grouped, the nature of interactions, the day's schedule and routines, and the management of transitions across the day.

Routine daily activities and individualized experiences promote each child's progress in all areas of development. Activities and experiences in a high-quality infant/toddler program are thoughtfully planned and based on an evidence-based framework consistent with the goals of the program and with standards established by the program's governing body and any applicable legislative and regulatory requirements. Activities and experiences are consistent with and support reasonable expectations for infants' and toddlers' development and learning, including those with special needs, and are culturally and linguistically responsive.

Individualized planning provides a coherent and intentional set of experiences and activities to support the development of all infants and toddlers across all domains. These activities and experiences provide the foundation for all development and learning into the preschool years and beyond.

## **Program Structure (Standards 1 through 6):**

1. **Program Standard:** The program provides an environment that complies with all applicable local, state, federal, and accrediting agency regulations and provides a safe, well-maintained, and healthy environment.

### **A Quality Program:**

- a. Has a current, non-restricted state-issued license or certificate of registration/approval appropriate to the type of program/facility and demonstrates compliance with all other relevant local, state, and federal regulations and legislation.
- b. Complies with all facility and program requirements of the sponsoring and/or accrediting agency.
- c. Makes provisions for all children based upon individual abilities and capacities to ensure the safety, comfort, and full participation of each child.
- d. Ensures parents and staff are knowledgeable about all health and safety policies and procedures which apply to the program.

2. **Program Standard:** The program maintains staffing patterns that ensure continuity of care and responsive caregiving from consistent primary caregivers.

### **A Quality Program:**

- a. Assigns a primary caregiver to each child with the intent of supporting child and caregiver attachment over an extended period of time, with particular attention to limiting the number of transitions experienced by a child, especially those under 36 months of age.
- b. Assigns a lead caregiver to each group of infants and toddlers.
- c. Exceeds minimum staff/child ratios and group sizes required by licensing to ensure adequate time for relaxed and unhurried interactions and the formation of secure attachments.
- d. Provides an infant/toddler specialist to work with caregivers to ensure ongoing quality improvement.
- e. Ensures all staff work together to meet the individual needs and advance the development and learning of each infant and toddler.
- f. Arranges staff schedules to ensure adequate time for sharing information about children during caregiver changes (e.g., information about observational assessment).
- g. Schedules time for staff to participate in planning, record keeping, and professional development.



3. **Program Standard:** The program ensures that each individual infant's and toddler's emotional and physical needs are met at all times.

**A Quality Program:**

- a. Ensures that infants' and toddlers' needs are met as they arise (e.g., resting when tired, being comforted when upset).
- b. Balances and/or adapts daily routines based on children's needs.

4. **Program Standard:** The program's philosophy, policies, and practices promote a climate of acceptance that supports and respects individual capacities and diversity of children, families, and staff.

**A Quality Program:**

- a. Implements nondiscriminatory enrollment and employment policies.
- b. Establishes a climate that is respectful, accepting of, and responsive to children, families, and staff.
- c. Provides bias-free materials and promotes inclusive activities.

5. **Program Standard:** The program's policies, procedures, and practices promote, respect, and support the inclusion and full participation of infants and toddlers with special needs and those with home languages that differ from the primary language used in the program.

**A Quality Program:**

- a. Adapts and provides activities, routines, materials, and equipment to support each child's active participation regardless of ability level, physical dexterity, or communication skills.
- b. Has knowledge of and applies the latest knowledge about working with children whose home language differs from the primary spoken and written language of the program.
- c. Arranges the physical environment to accommodate the needs of each infant and toddler.
- d. Makes equipment and materials accessible to all children.
- e. Uses families as resources for information about children's uniqueness.

6. **Program Standard:** The program's policies and practices promote, respect, and support partnerships with each family.

**A Quality Program:**

- a. Budgets resources to build and foster partnerships between the program and all families.
- b. Provides ongoing educational opportunities for staff and families and support to enhance partnerships with families.

## **Relationships and Climate (Standards 7 through 11):**

- 7. Program Standard: The program facilitates a climate of supportive and responsive child-caregiver relationships that enhances the development of each infant and toddler.**

### **A Quality Program:**

- a. Embraces and implements the philosophy of primary caregiving to ensure that caregivers are assigned to individual children based on a harmonious fit between caregiver and child.
- b. Assigns caregivers so that each infant and toddler has consistent primary caregivers enabling secure attachments and trusting relationships while being cared for by caregivers other than their parents.
- c. Supports sensitive, responsive, reciprocal relationships between caregivers and children.
- d. Ensures caregivers support each infant's and toddler's level of development by being responsive to individual strengths, interests, ways of communicating, temperament, cultural background, language, and learning styles.
- e. Ensures that caregivers nurture and interact with each child with warmth, respect, and caring.
- f. Supports each child's adjustment to the program and plans for smooth transitions when family and program changes occur.

- 8. Program Standard: The program maintains ongoing partnerships with families to support families' continued engagement with and participation in their children's development and care.**

### **A Quality Program:**

- a. Recognizes the family as the primary source of knowledge concerning the child.
- b. Forms respectful and responsive partnerships with families and provides opportunities for shared decision-making based on parents' expectations, dreams, and goals for their children.
- c. Forms partnerships with families to encourage the use of positive, consistent practices at home and in the program.
- d. Is sensitive and responsive to each family and encourages them to share their interests, skills, culture, and traditions.
- e. Distributes policies and procedures in family-friendly language, at an appropriate literacy level, and in each family's preferred means of communication.
- f. Communicates with each family about their child on a daily basis.
- g. Maintains confidentiality in accordance with a professional code of ethics and with program, state, and federal requirements.
- h. Provides opportunities for families to become familiar with the program and the staff prior to the child's enrollment.
- i. Facilitates transitions to other caregivers or program settings.

- j. Encourages and provides opportunities for families to participate in program activities, including observations of their infants and toddlers.
- k. Encourages parent involvement in program planning, implementation, and evaluation.
- l. Provides an on-site family resource area and information about family education, enrichment, or support programs and activities offered by the program, the community, or through referral.

**9. Program Standard: The program promotes the development of positive relationships between and among children.**

**A Quality Program:**

- a. Ensures that infants and toddlers have ongoing opportunities to interact informally with one another; the indoor and outdoor environments are structured to encourage such interactions.
- b. Ensures that caregivers model appropriate interactions with children.
- c. Encourages children to negotiate and resolve conflicts peacefully, with caregiver intervention and guidance when necessary, while respecting the limitations of children's emerging social and emotional skills.
- d. Encourages children to explore their environment with other children, leading to expanded perspectives, cooperation, collaboration, and a sense of belonging in social groups.
- e. Provides opportunities for children to interact in small groups, recognizing that large group experiences are typically inappropriate for infants and toddlers.
- f. Assures that caregiver-directed experiences are limited, of short duration, and rarely occur in groups.

**10. Program Standard: The program provides opportunities for and encourages positive relationships among caregivers, staff, program administrators, the infant/toddler specialist, and other consultants and resource persons.**

**A Quality Program:**

- a. Provides time for caregiving staff to meet to discuss care practices, beliefs, attitudes, concerns, and individual staff and child strengths and needs (e.g., weekly formal meetings, informal daily discussions).
- b. Employs staff members who demonstrate flexibility and cooperation through respectful, positive, supportive interactions and practices.
- c. Provides reflective, responsive supervision a minimum of four hours per month for each caregiver.
- d. Encourages and supports staff involvement in all aspects of program development.

- 11. Program Standard: The program uses positive and preventive guidance based on positive relationships with each child to assist each one to develop self regulation, communication, and social skills.**

**A Quality Program:**

- a. Implements positive, predictable, constructive and consistent guidance techniques with natural, logical consequences that are developmentally appropriate for infants and toddlers.
- b. Recognizes each infant and toddler's temperament, strengths and needs, and responds to and guides behavior accordingly.
- c. Supports each infant's and toddler's development of self-regulation and healthy self-esteem through nurturing and age-appropriate responses to verbal and non-verbal cues.
- d. Supports children's emerging communication and language to express their feelings, thoughts, and needs.
- e. Continually monitors and minimizes factors that can lead to frustration and conflicts for infants and toddlers (e.g., those arising from conditions in the physical environment, daily experiences, routines).
- f. Partners with families to encourage the use of positive, consistent guidance techniques at home and in the program.

**Space, Equipment and Materials (Standards 12 through 14):**

- 12. Program Standard: The indoor space is safe, comfortable, accessible, and organized with sensitivity to the needs of children and their families and caregivers and is designed to promote individual, child/child, and child/caregiver activities and interactions.**

**A Quality Program:**

- a. Considers children's safety of the utmost importance when designing and provisioning the physical environment.
- b. Provides access to usable open space for infants and toddlers to explore safely.
- c. Uses appropriately designed furniture and equipment to promote accessibility, initiative and independence for all children.
- d. Organizes the space to include eating, sleeping, and activity areas as well as a place where a child can choose to be away from the group while continuing to be observed by a caregiver.
- e. Provides activity areas for infants and toddlers where equipment and materials of similar use are placed together.
- f. Arranges space to support social interactions between children and caregivers.
- g. Allows children to move and explore their environment without restraining them in equipment (e.g., avoiding the use of playpens, cribs, swings, activity saucers, walkers, feeding chairs).
- h. Provides infants with a safe, appropriate separate area for floor time away from the general traffic area.

- i. Prominently displays, at the child's level, children's creations, photos of children and families, and other items of interest to the children.
- j. Provides space for storage of personal belongings for each child.
- k. Uses signs to clearly welcome parents and communicate schedules and daily routines.
- l. Provides a parent resource area.
- m. Provides dedicated space for staff to take breaks and securely store personal belongings.

**13. Program Standard: The outdoor space is safe, comfortable, accessible, and organized with sensitivity to the needs of children and their families and caregivers and is designed to promote individual, child/child, and child/caregiver activities and interactions.**

**A Quality Program:**

- a. Provides usable, appropriate and safe outdoor play space, accessible to each child, in an area designed and designated for infants and toddlers.
- b. Includes a variety of safe surfaces in the outdoor area.
- c. Provides outdoor play equipment and materials, accessible to each child and of suitable design and size for infants and toddlers.
- d. Arranges the outdoor space to support social interactions among the children and their caregivers.
- e. Extends principles of responsive caregiving from the indoor to the outdoor environment (e.g., caregivers are engaged with the children rather than simply "watching" them).
- f. Capitalizes on the opportunities the outdoor environment presents for learning about the natural world.
- g. Keeps children protected from any unsafe outdoor areas, equipment, and environmental hazards.

**14. Program Standard: Equipment, toys, materials, and furniture are supportive of the abilities and developmental level of each child.**

**A Quality Program:**

- a. Provides safe, appropriate, and sufficient equipment, toys, materials, and furniture to support and encourage each child to experiment and explore.
- b. Provides multiple sets of materials of most frequent interest to infants and toddlers.
- c. Provides instructional adjustments and adaptive devices for each child including those with disabilities to ensure their participation and comfort and support their development.
- d. Provides materials, equipment, and activities that reflect each child's culture, developmental abilities, individual learning styles, and home language.

## **Activities and Experiences (Standards 15 through 19):**

- 15. Program Standard: Activities and experiences build upon, support, and enhance infants' and toddlers' well-being, feeling of belonging, growing capacity to make contributions, communication, and expanding interest in exploration.**

### **A Quality Program:**

- a. Uses knowledge of child development, evidence-based best practice, and appreciation of individual differences to plan and prepare strategies to support children's development and learning and provide individualized age appropriate activities for each infant and toddler.
- b. Exposes children to skills, concepts, or information they would not discover on their own, through the use of age-appropriate caregiver-facilitated learning activities and experiences.
- c. Provides daily opportunities for children to explore both indoors and outdoors using all of their senses.
- d. Facilitates and encourages children's investigations and discoveries by supporting and responding to their cues, ideas, questions, and conversations.
- e. Provides opportunities and supports for each infant and toddler to develop and practice skills and acquire new knowledge across the developmental domains.
- f. Recognizes and uses daily routines as 'teachable' moments as a means to further infants' and toddlers' growth and development.
- g. Makes activities and materials available for extended periods of time so children can repeat and expand on their previous experiences.
- h. Continuously assesses and modifies the environment to enhance and expand children's skills and knowledge across all domains.
- i. Minimizes use of and exposure to media (e.g., computers, videos, DVDs).

- 16. Program Standard: Play is recognized and supported as the most appropriate method of learning for infants and toddlers; this perspective is demonstrated in all aspects of the program.**

### **A Quality Program:**

- a. Ensures that the contribution and importance of play to children's development, learning, and overall well-being is reflected in the program's philosophy statement and daily experiences and activities.
- b. Ensures that program administrators and caregivers can articulate to parents and others the value of play and how skills and knowledge acquired through play support development and extend learning across the domains.
- c. Provides a variety of play opportunities throughout the day for infants and toddlers individually and in groups, both indoors and outdoors as weather permits, and as appropriate to their age and development.
- d. Provides a daily schedule that includes extended blocks of time designated for free choice, play, and exploration.

- 17. Program Standard: Activities and experiences are based on typical sequences of development across all developmental domains, while taking each child's unique capabilities, needs, and preferences into consideration.**

**A Quality Program:**

- a. Plans and implements learning experiences and activities based on each child's strengths, developing skill areas, levels of functioning, comprehension, culture, and preferences across all developmental domains (social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).
- b. Provides continuous opportunities for all infants and toddlers to experience success.
- c. Involves infants and toddlers in choosing activities and experiences.
- d. Ensures that infants' and toddlers' explorations are extended and enhanced by the planned activities and experiences.

- 18. Program Standard: Activities and experiences are culturally relevant and designed to enable the participation of all infants and toddlers, including those with special needs.**

**A Quality Program:**

- a. Supports all infants and toddlers in achieving a sense of belonging to the group.
- b. With caregiver assistance when needed, integrates all infants and toddlers socially into the group and enables them to participate in activities regardless of abilities.
- c. Observes infants and toddlers carefully to identify their preferred ways of interacting with the environment (e.g., skills in handling objects and materials, frequency of communication, interest in listening to stories and songs, preferences in playing/working alone or with others).
- d. Designs activities and experiences in such a way that infants' and toddlers' ideas, interests, and concerns are acknowledged, respected, and promoted.
- e. Utilizes a variety of approaches to enable infants and toddlers with special needs to learn and express themselves.
- f. Provides experiences and activities in a sequence and at a rate that reflects individual special needs rather than a predetermined schedule.

- 19. Program Standard: The daily schedule, routines, and transitions are predictable, yet flexible, and supportive and responsive to individual needs.**

**A Quality Program:**

- a. Schedules integrated experiences involving creative expression, sensory activities, gross and fine motor experiences, and language/literacy activities as regular components throughout the day.
- b. Recognizes the importance of and plans for a balance of active, quiet, small group, paired, individual, independent, and guided activities.

- c. Arranges the physical environment and the routines so that each child can engage in child-initiated play and exploration throughout the day.
- d. Consistently prepares children for and provides smooth transitions and daily routines that are unhurried and purposeful with one-to-one nurturing interaction between primary caregivers and their children.
- e. Plans for and supports children who find transitions difficult (e.g., handling the separation process from home to the program with sensitivity and respect).
- f. Limits the amount of time that children wait in the transition between activities.
- g. Allows children to choose not to participate in group activities and to engage in another safe, appropriate activity.
- h. Prepares children and families for transitions into a new care and learning setting.



## F. Child Assessment and Program Evaluation

During their first three years of life, children's growth and development is most rapid and is typically uneven and greatly influenced by their interpersonal and physical environments. Infants and toddlers present special challenges for assessment to an even greater extent than do preschoolers. Very young children have limited ways of responding to their interpersonal and physical environments. For example, babies cannot yet use language to indicate their understanding. Since other systems have not developed, many responses from the youngest children are motoric. Thus, an unexpected response may indicate a motor problem, although a cognitive ability or understanding was being examined. And most importantly, infants and toddlers do not understand testing in the same way older children do.

For the youngest children, it is essential to recognize the imprecision and limitations of many widely used assessment instruments. The younger the children, the more difficult it is to obtain reliable and valid assessment data. Infants and toddlers may be harmed if information from the wrong instruments is used in the wrong way; families are also harmed when inaccurate information negatively influences their understandings of their children's capabilities. Such inappropriate practices often result in the use of faulty information to make program placements or to alter children's learning opportunities. Such decisions can alter the course of children's lives.

Options for gathering and reporting information are numerous; however, it is critical that the methods selected are sensitive to variations of culture, race, class, gender, language, and ability among infants and toddlers and their families. Any time children are assessed, it is important to keep in mind the normal individual variation in growth and development and factors which can affect performance (e.g., time of day, fatigue, hunger, comfort and/or familiarity with the assessor).

Four purposes for assessing the developmental and learning progress of young children are widely recognized (NEGP, 1998):

- To support children's development and learning;
- To identify children who may need health and special services;
- To evaluate programs and monitor trends; and
- For high-stakes accountability (although rarely appropriate in infant/toddler programs).

Understanding all four purposes is important for staff in infant/toddler programs; each of these purposes must be considered very carefully in designing an assessment, evaluation and accountability system. Understanding how these purposes apply is of particular importance in programs serving infants and toddlers.

**Assessment to Support Development and Learning.** The first and most important use of child assessment data is to support children's development and learning. In most cases, observations of a child in a naturally occurring setting, with family or familiar caregivers, provides rich information about the child's development. This

information learned from ongoing observations by parents and caregivers is of utmost importance. Assessment in order to plan activities for infants' and toddlers' daily experiences and to report to parents should always include multiple sources of information, multiple components, and occur at multiple points in time. Because growth and change are so rapid in the infant/toddler years, parents and caregivers must have opportunities for the exchange of information on a daily basis.

**Assessment to Identify Children for Special Services.** Assessment to identify infants or toddlers who may need specialized health services or other particular therapies is also critical when children are very young. Screening tools and procedures can be used in center and home settings to identify children who may need additional diagnostic assessment. Accurate assessment of sensory (hearing, vision) or health problems in infants and toddlers can only be accomplished by trained professionals with specialized assessments and equipment. A complete in-depth evaluation or developmental assessment can be provided by a team of professionals. Screening alone should never be used to offer a diagnosis of an infant's or a toddler's development, but only to refer the child for more in-depth assessment.

**Program Evaluation.** Knowing how children are doing as a result of participating in a program or set of services is of critical importance to caregivers, teachers, parents, program leaders and local, state and federal agencies having responsibilities for the programs. Each of these stakeholders may have different reasons for needing the information well-designed child assessment can bring, but in the end, the most important stakeholder is the child (Council of Chief State School Officers, 2003). For older children, aggregated gain scores or actual average scores on assessments may be used to determine program effectiveness and to plan for program improvements.

In infant and toddler programs, it may be possible to aggregate the percentage of children making progress in a particular developmental domain, but these data should never be used as the sole measure of program effectiveness. In all cases, data must be aggregated in such a way as to prevent individual identification and protect child and family privacy. Data should not be aggregated when numbers of participating children are small because of the danger of personal identification. Large scale accountability programs should include all of the safeguards for privacy typically included in professional research protocols.

In most infant and toddler settings and programs, it is preferable to use direct measures of caregiver characteristics (e.g., caregiver qualifications, participation in professional development) and of program quality (e.g., tools that assess the physical and interpersonal environment). Direct program evaluation can accurately document program quality and be used for program improvement purposes.

**High Stakes Accountability.** High stakes accountability involves using test results to remove funding from a program and/or to judge teacher effectiveness. Because of the small numbers of participants in most programs for infants and toddlers, and the large margins of error in assessments, child assessment for the purpose of high-stakes accountability in infant/toddler programs is rarely appropriate.

1. **Program Standard:** The program uses information about each child gained from continuous family input, child observation, and from a variety of other sources to address individual needs and to plan experiences for individual children and groups.

**A Quality Program:**

- a. Uses sound developmental theory and other widely-accepted information about infant/toddler development and learning to understand and interpret infant/toddler behavior.
- b. Attends to each child's development in all domains (e.g., social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).
- c. Uses caregiver observation of children in daily activities and family reports as the primary sources of information about each child's development.
- d. Uses ongoing observational information to make immediate accommodations to address the individual needs of infants and toddlers (e.g., need for food, changing, repositioning).
- e. Uses more systematic, continuous, and cumulative observational methods (e.g., documented and dated) or other types of ongoing assessment to gain additional information about children (e.g., to know when to add more complex materials to the environment, to collect and interpret information to share with parents).
- f. Utilizes ongoing assessment information to determine the antecedents of child behaviors when appropriate.
- g. Utilizes assessment information for daily and long-term planning for individuals and groups.
- h. Has a systematic two-way process for sharing information about the development and learning of infants and toddlers with their parents.

2. **Program Standard:** The program uses appropriate processes to identify infants and toddlers who may require additional supports, specialized programs, and other interventions.

**A Quality Program:**

- a. Uses valid and reliable screening tools and procedures, caregiver observation, and family input to identify concerns.
- b. In partnership with families, refers children to specialists when concerns indicate the need for additional assessment and evaluation.

**3. Program Standard: The program implements on-going processes of evaluation for program improvement.**

**A Quality Program:**

- a. Bases program evaluation processes on the program's current philosophy, goals and objectives.
- b. Involves families, staff, the program's infant/toddler specialist (when not a regular staff member), and a variety of community members in an annual review of all program components and uses the resulting information to develop and implement an annual plan for improvement.
- c. Uses instruments that directly measure program quality and other data to evaluate how well the program is meeting its goals. In programs that serve older children as well as infants and toddlers, assessment of the quality of the infant and toddler experiences should be considered as a distinct aspect of the total program.
- d. Evaluates caregivers and program administrators with methods that reflect the program's philosophy and curriculum, and develops professional goals based on these evaluations.
- e. Regularly reviews the program's improvement plan and assesses progress throughout the year.
- f. Invites families exiting the program to provide input to the program during an exit interview or survey.
- g. Is accountable to funding and administrative agencies by providing required data.
- h. Uses accepted safeguards for child and family privacy when providing data for research studies or accountability purposes.
- i. Avoids, insofar as possible, participation in assessment and evaluation processes that result in use of child outcome data for high-stakes purposes.

**4. Program Standard: The program implements policies and procedures for the appropriate use of screening, assessment, and evaluation tools.**

**A Quality Program:**

- a. Seeks assistance from professionals knowledgeable in both assessment and infant/toddler development when selecting and using assessment tools.
- b. Assures that the people conducting any assessment have received appropriate professional development specific to the tool being utilized.
- c. Uses instruments only for the purpose(s) intended [e.g., does not use screening tools to make decisions about placement or to assess progress, does not use a screening tool or an achievement (readiness) test to exclude children from programs in which they are legally entitled to participate, does not permit assessment findings to be used for high-stakes purposes].
- d. Uses instruments that respect and perform adequately when assessing children's developmental, cultural, and linguistic diversity and that of their families.

## Glossary

**Note:** Terms in this Glossary are intended to supplement terms defined in the licensing regulations for child care centers and family and group child care homes.

**Accessible/Accessibility:** As used in this document, these terms relate to either:  
 1) attention to adaptations in the physical environment and to materials so that children with special needs have equitable opportunities to learn, including adaptations that are required to be in compliance with federal and state laws regarding accessibility; and  
 2) whether quality and appropriate programs are available to families (e.g., geographically accessible, affordable, have needed hours of operation).

**Activity areas:** In an infant/toddler setting, activity areas include spaces set up and provisioned to enable attention to children's needs across all domains (social, emotional, intellectual, language, creative, and physical) and include or may be referred to as areas for feeding, sleeping, learning/playing, and diapering.

**Acute illness:** A disease with an abrupt onset and usually of short duration (e.g., a cold, the flu).

**Administrative/Supervisory personnel:** Program leaders at the program and/or administering agency level (e.g., program directors, specialists, and school district level or building principals/administrators/supervisors) who are responsible for administering, supervising, and leading program services, activities, and caregiving staff.

**Advisory council:** A group convened to advise program leaders regarding planning, development, implementation, and evaluation of the program. The advisory council is typically comprised of parents and interested community members. Advisory councils may be established as a requirement of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.

**Age appropriate:** Experiences, a learning environment, and interactions with caregivers that match the infant's and/or toddler's age and/or stage of growth and development.

**American Sign Language (ASL):** A language of signs, gestures, and expressions, with its own grammatical structure, that is used by many in the deaf community; it is typically the deaf person's primary language while written English is routinely the secondary language (making ASL users bilingual).

**Assessment:** A systematic procedure for obtaining information from observation, interviews, portfolios, projects, tests, and other sources that can be used to make judgments about characteristics of infants and toddlers or their programs. (Note: For more information about terms associated with assessment and evaluation, see *The Words We Use: A Glossary of Terms for Early Childhood Education Standards and*

*Assessment at:*

[http://www.ccsso.org/projects/SCASS/projects/early\\_childhood\\_education\\_assessment\\_consortium/publications\\_and\\_products/2840.cfm](http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm)).

**Assistant caregiver:** Term used in family and group home child care to denote a person who works under the supervision of a caregiver.

**Assistive technology:** Any item, piece of equipment, product or system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities and promote participation and learning of anyone with disabilities.

**Auxiliary staff:** Personnel who are responsible for delivering support services offered by the program and/or required by federal or state regulations (e.g., nurses, early intervention and special education consultants, speech/language therapists, school psychologists, social workers).

**Caregiver:** The person who provides the direct care, supervision, guidance, and protection of children within an early childhood setting serving infants and toddlers. In center-based programs a **lead caregiver** may be designated to coordinate and work in partnership with a team of caregivers and has primary responsibility for planning, organizing, and managing all aspects of the care and learning environment; the assessment, diagnosis, and reporting of the individual developmental and learning needs of the children; and the establishment of cooperative relationships with families and colleagues. In family and group home child care, the term **provider** is sometimes used to refer to the caregiver(s) and **Assistant caregiver** is used to denote a person who works under the supervision of a caregiver. (See **Primary caregiver**, **Primary group**, and **Provider**.)

**Child Development Associate Credential (CDA):** Nationally recognized performance-based credential awarded through the Council for Early Childhood Professional Recognition, an independent subsidiary of the National Association for the Education of Young Children. A CDA credential is awarded for competence in working with children birth to five years of age and is roughly equivalent to completing one year of college level work in early childhood.

**Child-initiated:** Experiences which offer children choices among a wide range of opportunities for play and learning so that they can directly experience and manipulate new ideas and objects (e.g., choosing from a variety of activities throughout much of the day; creating their own ideas with art materials, block constructions, or dance improvisations; creative play materials which encourage children to question, experiment, and pretend).

**Collaboration:** A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The result is a shared endeavor with members eventually committing themselves as much to the common goal as to the

interests of participating agencies. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

**Community collaborative council:** An organized group representative of the community and its family- and child-serving programs. Such a council typically serves as a communication link among programs and provides direction in planning, developing, implementing, and reviewing the early childhood education initiatives within the community.

**Continuity of care:** A practice closely related to the assignment of primary caregivers intended to create a consistent personal relationship between a child and a caregiver. In these practices (primary caregiver and continuity of caregiver), transitions between caregivers are minimized because transitions are seen as being stressful for the child, caregivers, and parents.

**Development and learning:** The process of change in which the infant or toddler comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically determined characteristics and the learning process. Learning is the process of acquiring knowledge, skills, habits and values through relationships, experience and experimentation, observation, reflection, and/or instruction. Neither takes place in isolation.

**Developmentally appropriate practice:** Means that all aspects of the program address children's development and learning based on three important kinds of information:

- Knowledge about age-related human characteristics that permits general predictions within an age range about what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable, and also challenging to children;
- What is known about the strengths, interests and needs of each individual child in the group to be able to adapt for and be responsive to inevitable child variation; and
- Knowledge of the social and cultural contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful for the participating children and families. (For the full NAEYC Position Statement on Developmentally Appropriate Practice see <http://www.naeyc.org/about/positions/dap1.asp>).

**Developmental domains:** Term used to describe various aspects of children's development. Individual domains are closely interrelated and development in one domain influences and is influenced by development in other domains. Development in one domain can limit or facilitate development in other domains. For example, when infants become more mobile, they can more easily explore their environment. Learning more about their environment influences infants' and toddlers' cognitive development.

Robust emotional development influences development across the domains. Typically, child development experts delineate four domains: social, emotional, cognitive, and physical. This document also includes domains of communication, language and early literacy, self-help, and creative development.

**Early childhood education and care:** Provision of purposeful programs and services, public or private, aimed at guiding and enhancing development and learning across all domains of young children from birth through age eight.

**Early Childhood Special Education (formerly Pre-Primary Impaired—PPI):** Federally- and state-mandated services for children with verified disabilities. These services may be provided in a self-contained classroom operated through a local school district or intermediate agency or in an inclusive setting at the local district or community level.

**Early Childhood (ZA) Endorsement:** Endorsement on an elementary teaching certificate recommended by Michigan colleges and universities upon completion of a 20-hour early childhood education program. May be required by the Michigan Department of Education or other funders for some infant/toddler and preschool/prekindergarten programs.

**Early On®:** Michigan's comprehensive statewide program of early intervention services for infants and toddlers with special needs, from birth through age two, and their families (Part C of IDEA).

**Evaluation:** The measurement, comparison, and judgment of the value, quality or worth of children's accomplishments and/or of their programs, schools, caregivers, teachers, or a specific educational program based upon valid evidence gathered through assessment.

**Evidence-based practice:** Designing program practices based on the findings of current best evidence from well-designed and respected research and evaluation (e.g., the Back-to-Sleep Campaign was developed in response to new findings on ways to reduce Sudden Infant Death Syndrome).

**Family:** People related to each other by blood, marriage, adoption, or legal guardianship. Family members include biological parents (custodial and non-custodial), adoptive parents, foster parents, step-parents, grandparents and other relatives of significance to the child, and all siblings (half, step, full). In addition, any individual that the family defines as a part of their family, who has extensive contact with the child, and/or is a significant person in the child's life, could be included.

**Family collaboration/partnership:** Refers to respecting family members as equal partners in all phases of the infant/toddler program. Families are integrated into the program through opportunities to plan and participate in all stages of program development and implementation. Supportive opportunities encourage family members



to expand their knowledge of child development, increase parenting skills, extend children's learning at home, and utilize community resources.

**Family literacy:** Programs which serve the entire family and which involve parents and children in interactive literacy activities; training for parents regarding how to be the primary teacher for their children; parent literacy; and an early childhood program.

**Head Start Child Outcome Standards:** A framework of outcome statements which applies to the federal Head Start program including eight domains, 27 domain elements, and related indicators intended to be reflective of what children should know or be able to do by the end of Head Start or upon entry into kindergarten.

**Head Start Performance Standards:** Quality standards which apply to the federal Head Start program and which address all aspects of early childhood development and health services, family and community partnerships, and program design and management.

**Inclusion:** The principle of enabling all children, regardless of their diverse abilities, to grow and learn through active participation in natural settings within their communities. Natural settings include the home and local early childhood programs.

**Individualized Education Program (IEP):** A written education plan for a child with special needs developed by a team of professionals and the child's parent(s); it is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

**Individualized Family Service Plan (IFSP):** Refers both to a process and a written document required to plan appropriate activities and interventions that will help a child with special needs (birth through age two) and his or her family progress toward desired outcomes. It is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

**IDEA - Individuals with Disabilities Education Act:** A federal law that provides funding and guidance to states to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infants and Toddlers Program [known as Part C of IDEA (*Early On*® in Michigan)] for services to children birth through two years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages three to five.

**Infant and toddler:** A child from birth to age three.

**Infant/toddler specialist:** A qualified person employed by or available to an infant/toddler program who provides coaching, mentoring, and training and who may have responsibility for the evaluation of the program and the caregiving staff.

**Integrated approach:** Children's learning activities and experiences presented through how the space is organized and provisioned, and projects involving many areas of the curriculum instead of through isolated content areas (e.g., toddlers learn early math concepts through their play or in an activity like helping to set the table; the program does not set aside a specific time for children to learn math).

**Lead caregiver: (See Caregiver)**

**Learning environment:** The physical representation of the curriculum that includes relationships, the climate, teaching practices, and the space, materials, and equipment.

**Mental health:** The developing capacities of infants and toddlers to experience, regulate, and express emotions; to form close and secure interpersonal relationships; and to explore the environment and learn. These capacities are considered within the context of family, care and learning environments, community, and cultural expectations for infants and toddlers. Infant mental health is synonymous with healthy social and emotional development and behavioral well-being of children birth to three years of age.

**MiAIMH:** The Michigan Association for Infant Mental Health (MiAIMH) is an organization of individuals who are devoted to nurturing and strengthening relationships between infants and their caregivers. MiAIMH has developed and administers a four-level endorsement process for infant and family service providers who work in a variety of ways with infants, toddlers, caregivers and families. (See: <http://mi-aimh.msu.edu/aboutus/index.htm>.)

**Michigan School Readiness Program:** Michigan's publicly-funded prekindergarten program targeted to four-year-old children who may be "at risk" of school failure. To participate a child must have two of the 25 identified risk factors; more than 50 percent of the children in a program must be low income. Both center-based and home-based models are available. All programs must provide strong family involvement/parent education components as well as comprehensive preschool education.

**Non-paid staff:** Volunteers, including parents.

**Parent involvement:** A program component which recognizes the central role of parents in their children's development and learning, and establishes a working partnership with each parent through daily interactions, written information, orientation to the program, home visits, and through regular opportunities for dialogue via parent conferences, participation in decision-making roles on advisory committees, needs assessments, participation as classroom volunteers, and flexible scheduling of meetings and events.

**Primary caregiver:** Can be either a lead caregiver or a caregiver. Each child is assigned to a primary caregiver so that infants and toddlers remain with the same caregiver(s) during a significant part, if not all, of their first years in a program. Such continuity of care enables infants and toddlers to develop and enhance a secure,

attached relationship in support of the development of a sense of trust in others, independence, and the ability to form early friendships and bonds throughout life.

**Primary group:** The group of children under the care of the primary caregiver. To the maximum extent possible, the child's primary group is made up of the same children over an extended period of time to enhance stable relationships, promote pro-social behavior, and enable positive interactions and early friendships.

**Professional development:** Refers to opportunities for program staff to receive ongoing training to increase their preparation and skills to educate and care for children. These include in-service training, workshops, college courses and degree programs, teacher exchanges, observations, coaching, seminars, mentoring, and credentialing programs.

**Program administrator:** (See Administrative/Supervisory personnel)

**Program standard:** Widely-accepted expectations for the characteristics or quality of early childhood settings in homes, centers and schools. Such characteristics typically include the ratio of adults to children; the qualifications and stability of the staff; characteristics of adult-child relationships; the program philosophy and curriculum model; the nature of relationships with families; the quality and quantity of equipment and materials; the quality and quantity of space per child; and safety and health provisions.

**Provider:** In family and group home child care, this term is sometimes used to refer to the Caregiver(s).

**Public Act 116:** Licensing rules for child care centers promulgated by the authority of Section 2, of Act Number 116 of Public Act of 1973 to the Michigan Department of Social Services, which set forth the minimum standards for the care, and protection of children. The rules apply to agencies, centers, or public and private schools providing child care services (Head Start, preschool full-day child care, before- and after-school, less than 24 hours) to children aged 2 ½ weeks to 13 years.

**Reflective supervision:** A set of supervisory practices characterized by active listening and thoughtful questioning by both staff and supervisors with the goal of assuring that staff's work is of the highest possible quality, and that program outcomes are met. These goals are reached through the development of a supervisory relationship that is supportive and collaborative, and one that allows everyone in the program the opportunity to learn from their work with families. Reflective supervision can take various forms including individual, group or peer supervision.

**Responsive caregiving:** Involves knowing each child and responding to cues from the child about when to expand on the child's initiative, when to guide, when to teach and when to intervene. A responsive caregiver has an overall plan for each day, including materials and activities that are appropriate for the developmental stage of each child.

In addition, the caregiver should continually observe each infant or toddler to discover what skills he or she is ready to explore and eventually master (Zero to Three).

**Screening:** The use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks. (Note: For more information about terms associated with assessment and evaluation, see *The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment* at [http://www.ccsso.org/projects/SCASS/projects/early\\_childhood\\_education\\_assessment\\_consortium/publications\\_and\\_products/2840.cfm](http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm).)

**Self-help skills:** Adaptive skills that enable children to take care of themselves and move toward independence in activities related to eating, dressing, toileting, washing hands, etc.

**Staff:** Any person who has a role in the operation of the program. Staff may be paid or unpaid. (See definitions for support staff and non-paid staff.)

**Standardized assessment tool:** A testing instrument that is administered, scored, and interpreted in a standard manner. It may be either norm-referenced or criterion-referenced. (Note: For more information about terms associated with assessment and evaluation, see *The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment* at [http://www.ccsso.org/projects/SCASS/projects/early\\_childhood\\_education\\_assessment\\_consortium/publications\\_and\\_products/2840.cfm](http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm).)

**Strand:** A large organizing principle that, interwoven with others, provides a foundation upon which children's development and learning occurs.

**Support staff:** Persons, whether paid or volunteer, employed by the program in such positions as food service, clerical, custodial, and transportation.

**Test:** One or more questions, problems, and/or tasks designed to estimate a child's knowledge, understanding, ability, skill and/or attitudes in a consistent fashion across individuals. Information from a test or tests contributes to judgments made as a part of an assessment process. (Note: For more information about terms associated with assessment and evaluation, see *The Words We Use: A Glossary of Terms for Early Childhood Education Standards and Assessment* at [http://www.ccsso.org/projects/SCASS/projects/early\\_childhood\\_education\\_assessment\\_consortium/publications\\_and\\_products/2840.cfm](http://www.ccsso.org/projects/SCASS/projects/early_childhood_education_assessment_consortium/publications_and_products/2840.cfm).)

**Transition:** (1) Procedures and activities that support the family and facilitate the child's introduction to new learning environments (e.g., home to home- or center-based care setting, from preschool to kindergarten, from one school to another, from one grade to another, and from one country to another). (2) Within the program's daily schedule, transition also refers to the process of changing from one activity or place to another.

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## **Early Childhood Standards of Quality for Prekindergarten**

**March 8, 2005**  
**Michigan State Board of Education**

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# Early Childhood Standards of Quality for Prekindergarten

## Introduction

This document stands on the shoulders of earlier efforts by the Michigan State Board of Education and its agency and organizational partners to define quality programs for young children and the learning that might be expected of children at certain ages and stages. Several documents and initiatives were the direct “parents” of this new document.

- On November 5, 1986, the State Board of Education approved the document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds*. The purpose of that document was to provide the framework for the design and implementation of a high-quality preschool program targeted to four year olds at-risk of school failure.
- Recognizing the value and need for quality early childhood education programs for children four through eight years old, the Michigan State Board of Education appointed another committee to develop *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, and adopted those standards on December 15, 1992. Although used broadly, many of the recommendations were most applicable to public school districts because of the wide age range covered.
- At about the same time, procedural safeguards and other rules were adopted for Early Childhood Special Education (formerly Pre-Primary Impaired, PPI) classrooms.
- In August 2002, the Michigan State Board of Education adopted the report of its Task Force on Ensuring Early Childhood Literacy. The report directed the Department of Education to develop a single document, including expectations for young children’s development and learning, and quality standards defining programs that would allow them to reach those expectations. It had become apparent that a document was needed that focused on children ages three and four, and the programs that serve them. Additionally, varying program standards were making inclusion of targeted groups of children (e.g., children with disabilities) in some programs difficult.
- Further, emerging federal requirements for early childhood opportunities for states also supported the need for a revision of the current documents.

In January 2003, Michigan embarked on a journey to develop a comprehensive early childhood system, with the vision of “A Great Start for every child in Michigan: safe, healthy, and eager to succeed in school and in life.” This Great Start effort begins with a philosophic underpinning that every child in Michigan is entitled to early childhood experiences and settings that will prepare him/her for success. As the systems work unfolded, it became clear that expectations for young children’s learning and quality program standards beyond minimum child care licensing rules were a critical foundation for all of the system. This system of early childhood education and care standards will ultimately address standards for infants and toddlers, preschoolers, and

primary grade children, including both early learning expectations and program quality standards for classroom-based programs and family child care settings. Standards for parenting education programs and for professional development are also needed, as are standards for out-of-school time programs (before- and after-school programs, and summer programs) for school-agers.

This system of high quality standards will set the stage for the development of a comprehensive and coordinated system of services. Individual programs and funding opportunities will further define accomplishment of the standards through their own operating procedures and implementation manuals.

The standards in this document are meant to define settings of the highest quality. Michigan is embarking on a tiered rating system, which will include a staircase of increasing quality and supports for programs to reach the high quality described in this document. Minimal legal standards (licensing) for the operation of classroom early childhood education and care settings and family and group child care homes will continue to form the base for this system. This document is the first of several pieces of the early childhood standards systemic work; it is focused on three- and four-year olds and the classroom programs (e.g., Department of Education administered early childhood programs including those serving children with disabilities, the state's Head Start programs, and community-based child and preschool programs) they may attend.

In response to these systemic needs, the Department of Education convened an interagency group in 2004 to lead the development of this document, *Early Childhood Standards of Quality for Prekindergarten*, essentially a revision of the 1992 document described earlier. The State Board of Education then appointed an Ad Hoc Advisory Committee of more than 80 individuals who spent almost a year and countless hours on this work. The Advisory Committee undertook their work with the hope that the resulting document would have these impacts:

- The development of cohesive standards that integrate and align all early childhood programs as a foundation for all children's well-being.
- The development and implementation of plans for professional development of early childhood staff so that all children have access to qualified staff.
- The creation of a framework for an accountable early childhood system that would include assessments of children's learning and program quality.
- Partnerships among professionals, families, and communities as full partners in children's school and life success.
- Definition and support for best practices in early childhood programs.
- Promotion of public awareness of the standards and their implementation.

Young children's development and learning are highly dependent upon their relationships and environments. *Early Childhood Standards of Quality for Prekindergarten* is meant to provide guidance to all early care and education programs for providing all three- and four-year-old children with opportunities to reach essential developmental and educational goals. Carefully developed early learning expectations linked to K-12 expectations can contribute to a more cohesive, unified approach to young children's education. *Early Childhood Standards of Quality for Prekindergarten* includes both *Quality Program Standards for Prekindergarten Programs* and *Early Learning Expectations for Three- and Four-Year-Old Children*. Clear research-based

expectations for the content and desired results of early learning experiences can help focus curriculum and instruction. By defining the content and outcomes of young children's early education, the early learning expectations will lead to greater opportunities for preschoolers' positive development. Alignment with *K-12 Grade Level Content Expectations* will result in better transitions to formal schooling.

Definition of a single set of *Early Learning Expectations* does not mean that every three- or four-year old's development and learning will be the same as every other child's development and learning. Learning and development in the early years is characterized by variability, dependent on experience, and connected across domains. Similarly, definition of a single set of *Quality Program Standards* does not imply that every preschool/prekindergarten classroom in Michigan will or should look the same. A variety of curricula, methodology, and program implementation strategies are required to meet the needs of the diversity of children and to provide choices to meet families' goals and preferences. The wide framework of the standards, based on research, and the range of opportunities for programs to meet those standards, will ensure a continuum of services to support Michigan's young children.

Continuity is important so that expectations of children at a certain age are consistent. Equally important, expectations must build so that children's learning is supported systematically over time. The next section outlines the technical alignment of this content to program standards and sets of expectations for child outcomes. Within the text, cross-references to other standards and expectations are provided.

When *Early Childhood Standards of Quality for Prekindergarten* is implemented and utilized as a complete document (and when, in the future, it is connected to companion documents focused on infants and toddlers and primary grade children), the State Board of Education believes that Michigan will improve its early childhood settings to reach even higher quality, that our children will achieve the expectations we have set for them, and that we will achieve our vision of a Great Start for them all.



## Alignment with Related Standards Documents

As discussed in the Introduction, Michigan's *Early Childhood Standards of Quality for Prekindergarten (ECSQ-P)* are intended to help early childhood programs provide high quality settings and to respond to the diversity of children and families. The *ECSQ-P* build on the minimums detailed in the *Rules for Child Care Centers* and incorporate the essential elements of the program and child outcome standards required for various other early childhood programs. In addition they are aligned with the *Grade Level Content Expectations (GLCEs)* for Kindergarten. Quality Program Standards and Early Learning Expectation statements in the *ECSQ-P* are followed by related references to the following:

### ***For Program Standards:***

*Licensing Rules for Child Care Centers [LRCCC-R400.0000]* – Since the *ECSQ-P* make the presumption that programs are already in compliance with the *Licensing Rules for Child Care Centers*, these minimum regulations have not been duplicated in the *ECSQ-P*. Related licensing regulations have been noted so that users of *ECSQ-P* document can readily find the connections.

*Head Start Performance Standards [HSPS-1304.0]* – Head Start is a comprehensive child and family development program. *The Head Start Performance Standards* detail requirements for all aspects of program operation, many of which extend beyond the range of services covered by the *ECSQ-P*. Although not directly referenced, the developers of the Program Standards portion of the *ECSQ-P* made extensive use of the *Head Start Performance Standards* in determining standards to include. Those responsible for administering Head Start programs are encouraged to map the standards in *ECSQ-P* to relevant *Head Start Performance Standards*.

### ***For Early Learning Expectations:***

*Head Start Child Outcome Framework [HSCOF]* – This framework is used by Head Start programs serving three- and four-year-old children to shape curriculum and to guide the creation of child assessments. The items in the HSCOF correlate closely to the *Early Learning Expectations for Three-and Four-Year-Old Children (ELE/3-4)* and all of the HSCOF indicators have been linked to the relevant ELE.

*Michigan Grade Level Content Expectations [GLCE]* – The GLCE performance statements are intended to provide kindergarten teachers with an outline of learning expectations. They are not intended to represent the entire curriculum, but only those expectations that may be a part of assessments. The *Early Learning Expectations for Three-and-Four-Year-Old Children* support the kindergarten GLCEs by describing the knowledge and skills typically developing children might reasonable be expected to acquire as a result of experiencing a quality-learning environment in the preschool years. All of the Kindergarten GLCEs have been placed with the most closely related ELEs.

## **Quality Program Standards for Preschool and Prekindergarten Programs**

## Quality Program Standards for Preschool and Prekindergarten Programs Introduction

The 1986 blue-covered document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds*, was adopted as Michigan began its first targeted state prekindergarten program for four-year-old children at-risk of school failure. The “blue standards” included a set of critical elements and components thought to predict results for children and used at that time to determine quality in early childhood programs. The standards articulated what the State Board of Education considered necessary for preschool programs to be successful, and have been used continuously as the prekindergarten program grew into the Michigan School Readiness Program. Monitoring instruments and self-assessment protocols, leading to a continuous improvement planning process, were also developed and implemented based on the “blue standards”. Although the State Board of Education and the Department of Education distributed the “blue standards” and supporting documents widely, they were never required for programs other than the Michigan School Readiness Program.

In 1992, the orange-covered document, *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, including voluntary standards for classrooms designed for children ages four through eight, was adopted by the State Board of Education. Although intended to apply to many of the state’s early childhood programs, much of the language was specific to public school districts because of the wide age range covered. The “orange standards” were required for a few grant programs, and many school districts had great success in implementing programs based on the document.

At about the same time, procedural safeguards and special education regulations were developed for Early Childhood Special Education (formerly Pre-Primary Impaired, PPI) classrooms for children ages 3-5, funded through Part B of the Individuals with Disabilities Education Act (IDEA).

Confusion in the early childhood world about which set of State Board of Education program standards applied to which program, or should apply, soon became apparent. Inconsistent program standards made inclusion of children with differing needs difficult. Simultaneously, efforts in state government to improve quality in all programs, beyond the minimums required by early childhood/child care licensing, brought together a large group to redefine high quality program standards. The vision of high quality for all is to be actualized by a tiered rating system for programs, with minimal licensing standards as the foundation and a staircase of graduated improvements in quality to reach these high standards at the top. As programs are supported to move up the stairway, the foundational minimums can be gradually increased so that many more programs provide more quality to more children. It is clear that programs cannot improve in quality unless professional development and other program supports are available to them.

The standards in this section of the document are meant to define quality in all center-based classroom programs for three- and four-year old children, regardless of sponsorship or funding. Each program standard is followed by a list of statements that illustrate a variety of ways that a

quality program may demonstrate that it meets the standard. A particular program will meet some, but probably not all, of the items that demonstrate each standard. Funding stipulations may require programs to meet particular standards in specific ways. Programs funded for targeted populations (e.g., children with disabilities, children learning English) may have required components to meet the standards. Most children can be successfully served in programs that are open to all children of a particular age; however, this is not possible in some cases because of funding restrictions or the needs of the children themselves for specialized services that cannot be provided with sufficient intensity in an inclusive program. For example, programs for children with specific disabilities will find that the program standards themselves are still applicable, but that they need to be met in particular ways to meet the needs of the children enrolled. Implementation documents, operating manuals, applications, and the like are being developed and will provide additional guidance to such targeted programs.

These quality standards are meant to apply to center-based classroom preschool/prekindergarten programs that provide all children with experiences and opportunities that allow them to meet the *Early Learning Expectations for Three- and Four-Year-Old Children*. Companion documents planned as part of this systemic effort will address quality program standards for programs for infants and toddlers and for family and group child care home settings. Quality program standards for programs that use parenting strategies to promote child development will also be part of the systemic effort.

## The Program's Statement of Philosophy

A quality early childhood program begins with an underlying theory or statement of fundamental beliefs—beliefs about why it exists, what it will accomplish, and how it will serve all the children and their families involved in the program. The philosophy establishes a framework for program decisions and provides direction for goal-setting and program implementation, the foundation upon which all activities are based.

The philosophy statement guides decisions about how the program:

- Employs a qualified and nurturing staff who use developmentally appropriate practices.
- Establishes a warm, stimulating, and multi-sensory environment filled with developmentally appropriate materials.
- Develops a curriculum that supports children's individual rates of development.
- Maintains a continuous evaluation system that regularly assesses and reviews program goals and children's progress.
- Nurtures a cooperative relationship between families and the program and fosters collaboration with the community.
- Provides for continuous staff development.
- Promotes a climate of acceptance and inclusion of children of varying cultural, ethnic, linguistic, and racial backgrounds with a range of abilities and disabilities.

Program leaders use current research about how children grow, develop, and learn in combination with national standards (e.g., National Association for the Education of Young Children Accreditation Criteria, Head Start Performance Standards, Council for Exceptional Children: Division of Early Childhood documents) to inform the development of its philosophy statement.

1. **Program Standard:** *A written philosophy statement for the early childhood education and care program is developed and utilized as the basis for making program decisions and establishing program goals and objectives.*

### **A Quality Program:**

1. Develops a philosophy statement that incorporates suggestions from the program's staff (teachers, administrators, and support staff), governing board, families, and community representatives.
2. Reviews the philosophy statement at least every five years.
3. Uses input from staff, the governing board, families, and community representatives; new legislation; research findings, and/or other significant factors which impact early childhood education to inform the revision of the philosophy statement.
4. If applicable, recommends adoption of the philosophy statement by the governing or advisory board of the program.

2. **Program Standard:** *The philosophy statement includes the rationale for the program.*

**A Quality Program:**

1. Aligns the philosophy statement with state and local goals, standards, and guidelines for early childhood education programs.
2. Assures that the philosophy statement reflects applicable legislation.
3. Aligns the philosophy statement with the values of high quality early childhood education programs.
4. Addresses the social, economic, cultural, linguistic, and familial needs of the community in the philosophy statement.
5. Includes an evidence-based bibliography (e.g., the value of play) used in developing or revising the philosophy as a part of the statement.

**3. Program Standard:** *The program promotes broad knowledge about its philosophy.*

**A Quality Program:**

1. Disseminates copies of the philosophy statement to program staff, governing board members, families, and other interested persons.
2. Includes discussion of how the philosophy affects the operation of the program in staff development and information sessions for families, other agencies, and community members.

**4. Program Standard:** *The program uses the philosophy statement in making decisions about the design and operation of the program.*

**A Quality Program:**

1. Uses its philosophy to identify the program's goals and objectives.
2. Assures that the philosophy is visible in the program plan (e.g., policies, curriculum, family collaboration, and classroom practices), development, and implementation.
3. Applies the philosophy in the evaluation and revision of the program.
4. Uses the philosophy statement in the development of staff job descriptions, personnel evaluations, and development activities.

## **Community Collaboration and Financial Support**

Children's learning is enhanced when early childhood programs work collaboratively and cooperatively with community programs, institutions, organizations, and agencies to meet the broader needs of children and their families through direct services or referrals. Relevant community funding sources should be identified and utilized to support quality early childhood programs, services, and resources, regardless of sponsorship.

- 1. Program Standard:** *The program shows evidence of participation in collaborative efforts within the community and has membership on the community's early childhood collaborative council.*

**A Quality Program:**

1. Participates in the development of a common community philosophy of early childhood expectations.
2. Shares information on available community services and eligibility requirements for services with administrators, the teaching staff, and all early childhood providers.
3. Plans with other community programs/agencies for coordination of a comprehensive, seamless system of services for all children and families.
4. Explores and, to the extent possible, employs joint funding of the program.
5. Encourages joint and/or cooperative professional development opportunities.
6. Promotes outreach efforts in the community to develop and extend early childhood knowledge as part of ongoing public relations.
7. Participates in a community early childhood collaborative council, if available.

- 2. Program Standard:** *The program works cooperatively and collaboratively with other early childhood programs in the community in order to facilitate children's transition into and out of programs and from one program to another.*

**A Quality Program:**

1. Collaborates to ensure a smooth transition for children and families into preschool and from preschool to elementary school.
2. Promotes an awareness of all early childhood programs in the community and an identification of commonalities.
3. Shares appropriate printed materials and activities for families and children to facilitate transition.
4. Participates in the establishment and implementation of a system for sharing information about specific children between and among programs, agencies, and schools.
5. Cooperates with the special education personnel from school districts in the area to address the transition needs of children with disabilities.
6. Participates in joint funding and professional development opportunities for staff regarding transitions for children and families.

- 3. Program Standard:** *The program works with public and private community agencies and educational institutions to meet the comprehensive needs of children and families, to assist one another in the delivery of services, increase resources, and to strengthen advocacy efforts.*

**A Quality Program:**

1. Streamlines the process for making and receiving referrals.
2. Reduces barriers by working with collaborating entities to expand existing support services for young children (e.g., child care, literacy initiatives, and summer food programs).
3. Shares available community resources to achieve specific objectives with the entire early childhood community (e.g., health screenings, counseling, parenting sessions, before- and after-school child care, care for sick children).
4. Has knowledge of various program eligibility requirements.
5. Shares physical space (e.g., space for a well-baby clinic, mental health counselors on site, a food pantry, a clothing bank) as possible.
6. Encourages professional organizations and local districts to share information about training, conferences, and other staff development opportunities with all early care and education programs in the community.
7. Participates in the preparation and implementation of contracts or memoranda of agreement between participating agencies.
8. Advocates for young children and supports quality early childhood education programs in the community.

- 4. Program Standard:** *The program works with community volunteer groups, agencies, and the business community (e.g., senior citizen groups, libraries, United Way agencies, volunteer groups, faith-based groups, service organizations, business organizations).*

**A Quality Program:**

1. Invites members from community groups/agencies to participate in the program (e.g., be tutors, companions, presenters, mentors, etc., for children, volunteers for the program).
2. Invites members from community groups/agencies to be part of the interagency advisory committee.
3. Provides opportunities for co-sponsorship of community programs for families (e.g., reading aloud to children, child development classes at the workplace or at a community facility).
4. Identifies strategies for community partnership and reciprocity.

- 5. Program Standard:** *Funds are identified and used to purchase resources (e.g., staffing, space, equipment, materials) to provide an effective, accessible program.*

**A Quality Program:**

1. Provides funds for program space and maintenance.



2. Provides funds for instructional materials and supplies which contribute to teaching and learning.
3. Provides funds for the purchase and maintenance of equipment which contribute to teaching and learning.
4. Provides funds for materials and supplies to implement all program components and accomplish all program objectives.
5. Provides funds for the assurance of health and safety regulations.
6. Provides funds for the evaluation of the program.
7. Provides funds for employment of support staff to assist program implementation.
8. Provides funds for developing and revising curricular and instructional materials.

**6. Program Standard:** *The program has funds necessary to employ qualified staff and provide staff development activities.*

**A Quality Program:**

1. Provides funds for salaries/wages, and benefits (e.g., health insurance, retirement, sick leave, vacation) for all staff (e.g., teachers, administrators, and support staff).
2. Provides funds for the number of staff necessary to conduct and administer the program.
3. Provides funds for additional pay, compensatory time, or released time for all staff to participate in professional development activities.
4. Provides funds for salaries of substitute staff when regular staff members participate in authorized professional development activities.
5. Provides funds for staff for authorized expenses and activities, including transportation and per diem expenses, according to local and state guidelines.

**7. Program Standard:** *The program has funds necessary for parent involvement and education programs and family-oriented activities.*

**A Quality Program:**

1. Provides funds for on-site child care services during parent workshops and group meetings.
2. Facilitates family participation in special events and other meetings through financial support (e.g., stipends, meals).
3. Provides funds for resource materials for training and group meetings for family members.

## **Physical and Mental Health, Nutrition and Safety**

Children's good health (mental, oral, physical health, and fitness), nutrition, and safety are essential to their overall development and learning. Robust intellectual development can only proceed when children's basic health needs are met and when they are educated and cared for in settings which support their emotional well-being. A quality early education and care program addresses these needs, in partnership with families, by establishing opportunities for information exchange and by providing services directly or creating linkages with agencies that do provide such services.

- 1. Program Standard:** *Programs address the need for continuous accessible health care (mental, oral, physical health, and fitness) for children.* [LRCCC-R400.5111; 5113; 5113b, 5113c]

**A Quality Program:**

1. Provides for information and referral for parents of children to health care partners for preventive and primary health and mental health care needs and coverage.
2. Periodically reviews and updates health records (including immunization records) to ensure that children receive recommended treatment and preventive services.
3. Establishes and implements a written policy to address basic health and mental health care and health care emergencies.
4. Works with parents and community partners to support an agreed-upon plan of action for goals related to the overall health and mental health of a child, such as the IEP and IFSP.
5. Works with parents to obtain information on their child's health, and share observations and concerns in order to build a supportive and nurturing environment.
6. Trains and supports staff in securing or providing referrals for needed services and documents all follow-up efforts.
7. Partners with the community to make decisions about spaces (and the development of space) for fitness opportunities for preschool children of all abilities.

- 2. Program Standard:** *The program addresses the nutritional health of children.* [LRCCC-R400.5110]

**A Quality Program:**

1. Provides for information and referral for children to nutritional health partners for preventive and primary needs and coverage.
2. Ensures that nutritional services contribute to the development and socialization of children.
3. Makes a variety of food available that follows nutritional guidelines recommended by the U.S Department of Agriculture.
4. Provides sufficient time for each child to eat.
5. Fully accommodates medically-based diets or other dietary requirements.
6. Provides food service and nutrition education in support of obesity reduction.
7. Follows rules and regulations applicable to Federal and State food safety and sanitation laws.

- 3. Program Standard:** *The program's policies and practices support the inclusion of children with special health care needs unless participation is deemed a risk to the safety or health of the child or others, or fundamentally alters the nature of the program.*

**A Quality Program:**

1. Ensures that the program has adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health procedures.
2. Implements plans to accommodate a child's health or safety needs before services to a child begins or as soon as possible after the need is identified.
3. Protects the privacy of the affected child and her or his family.
4. Reassures parents of other children that their children are at no health risk.
5. Promotes understanding of the child's special health care needs, without embarrassing or drawing attention to the child.
6. Ensures that parents and health care or other providers supply clear, thorough instructions on how best to care for the child, in order to protect the child's health and safety, as well as the health and safety of other children and staff.
7. Makes reasonable adaptations to the physical environment or program to accommodate children with special needs (e.g., accommodates children who need assistance with feeding or toileting, diapering)
8. Obtains assistance from local agencies or organizations (e.g., hospitals, schools, intermediate school districts, and local health departments) for ways to accommodate the child in the program.

- 4. Program Standard:** *Programs address requirements for continuous safe environments for children.* [LRCCC-R400.5111a; 5113; 5113a]

**A Quality Program:**

1. Provides information and referral to parents and children creating and maintaining a safe environment.
2. Provides professional development to all staff working with children regarding safe environments and regulatory requirements.
3. Develops and implements written policy and procedures for staff and parents to follow.
4. Periodically reviews policies and procedures and updates where necessary.
5. Provides for a periodic review of background checks of all personnel and regular physical environment inspections.

## Staffing and Administrative Support and Professional Development

Early childhood programs are staffed by individuals with differing levels of education and experience as required by the program's administering agency. All instructional staff, support staff, and non-paid personnel (e.g., parents, volunteers) should have training, experience, and access to staff development activities commensurate with their responsibilities. Additionally, strong and knowledgeable administrative leadership is a key component of an effective early childhood program.

1. **Program Standard:** *Teachers are qualified to develop and implement a program consistent with the program philosophy and appropriate to the developmental and learning needs of the children and families being served, including the development of a continuing parent education and family involvement component.* [LRCCC-R400.5103a]

### **A Quality Program:**

Employs teachers with bachelor's degrees in early childhood education, or child development, including coursework and supervised field experience such as:

1. An elementary teaching certificate with an early childhood endorsement from an institution approved by the State Board of Education based on the NAEYC/NCATE guidelines, or
2. The equivalent teacher certification from another state, or
3. A program specifically focused on preschool teaching.

2. **Program Standard:** Paraprofessionals (i.e., those staff who work with children under the supervision of a teacher) are trained to implement program activities and assist in the education and care of the children.

### **A Quality Program:**

1. Employs paraprofessionals with associate's degrees in early childhood education/preschool education, child development, child care or hold Child Development Associate (CDA) credentials or equivalent continuing education experience, as approved by a college or the State Board of Education.
2. Employs paraprofessionals who have had directed training programs, supervised work, or field experiences implementing educational activities for young children.

- 3. Program Standard:** *Support staff and non-paid personnel are assigned to roles that enhance the program's goals and increase the adult/child ratio.*  
[LRCCC-R400.5104; 5104a; 5104b]

**A Quality Program:**

1. Provides background screens for support staff and regular volunteers in order to protect the physical and emotional safety of the children in the program.
2. Provides orientation on program goals and objectives as well as basic methods of positive interaction with children.
3. Assigns tasks and responsibilities that compliment their skill level and areas of strength.
4. Offers professional development and advancement opportunities.
5. Through restructured staff assignments and configurations, uses support staff and volunteers to improve the adult/child ratio.

- 4. Program Standard:** *The staff participates in a variety of ongoing professional development activities (e.g., in-service training, professional workshops, courses at institutions of higher learning, teacher exchanges, observations, coaching).* [LRCCC-R400.5102a]

**A Quality Program:**

1. Assures that program specific requirements for maintaining and continuing teacher certification or other credentials are met.
2. Assures that staff members participate each year in early childhood professional development activities (e.g., college courses, in-service activities, workshops, seminars, or training programs).
3. Assures that professional development activities are based upon program and individual needs assessments.

- 5. Program Standard:** *Staff professional/career development efforts are assisted and supported by administrative policies, practices, and appropriate resources.*

**A Quality Program:**

1. Requires administrators and supervisors to support the provision of and staff participation in staff development and in-service training that address individual staff needs.
2. Conducts supportive staff evaluations in accordance with guidelines and program policies.
3. Keeps professional training resources updated and includes information about early childhood research, teaching methods, techniques for classroom management, developmentally appropriate practices, technology, and child development/learning theories.
4. Supports staff affiliation with local, state, or national professional organizations and organizations that advocate for young children and families.

- 6. Program Standard:** *To achieve optimum educational outcomes for the children, the program applies staffing patterns and practices that allow for maximum staff/child interaction, program implementation, and consistency of staff.* [LRCCC-R400.5105; 5105b]

**A Quality Program:**

1. Maintains a recommended range for enrollment of no more than 18 children per group or the number of children specified in applicable regulations/laws.
2. Assigns a paraprofessional in preschool classes enrolling more than eight children or the number of children specified in applicable regulations/laws.
3. Assigns staff as appropriate to support the IEP or IFSP requirements of a child with a disability.
4. Assures that the preschool classes are under the direction of administrative/supervisory personnel in consultation with a specialist in early childhood education.
5. Provides staff with paid time for planning with colleagues and specialists.
6. Enhances staff retention as well as greater continuity and consistency for children by providing supervision and mentoring of staff.
7. Implements policies that support and promote staff retention and longevity.

- 7. Program Standard:** *The program administrator is or the program employs an early childhood specialist who is qualified to administer or collaborate in the administration of the program, including supervision and management, program and staff evaluation, and program and staff development.* [LRCCC-R400.5103]

**A Quality Program:**

1. Has an administrator or employs an early childhood specialist who has a graduate degree in early childhood or child development; experience in planning, developing, implementing and evaluating curriculum for a variety of child populations; and experience in the supervision and evaluation of personnel.

- 8. Program Standard:** *The program employs an administrator who is qualified to implement, evaluate, and manage the program, the budget, and serve as a link between the program, the community, and the appropriate local, state, and federal agencies.* [LRCCC-R400.5114]

**A Quality Program:**

1. Employs a program administrator with educational preparation in developmentally appropriate early childhood education.
2. Employs a program administrator with educational preparation and experience in the supervision, management, and evaluation of personnel, facilities, and program budget.
3. Employs a program administrator with educational preparation and experience for the coordination of the program with other local, state, and federal agencies.
4. Assigns the program administrator the responsibility for obtaining the resources necessary to fund the program.

5. Assigns the program administrator the responsibility for the collaborative efforts of the program.

**9. Program Standard:** *The early childhood specialist and/or the program administrator has/have the responsibility for directing the evaluation activities of the program and instructional personnel.*

**A Quality Program:**

1. Arranges for, under the direction of the early childhood specialist and/or the program administrator and in conjunction with teachers, staff, and parents, the annual evaluation of the early childhood education program utilizing local, state, and national standards or criteria for quality, effective early childhood education.
2. Arranges for the early childhood specialist and/or the program administrator to annually evaluate staff performance according to local, state, and national standards and/or criteria using a variety of techniques (e.g., observation, self-evaluation).
3. Requires the early childhood specialist and/or program administrator to utilize the results of staff performance evaluations to plan activities for program improvement, staff development, and training.

**10. Program Standard:** *The early childhood specialist and/or program administrator participate in continuing education/professional development activities.*

**A Quality Program:**

1. Provides funding and time for the early childhood specialist and/or program administrator to actively associate with at least one professional organization concerning young children (e.g., MiAEYC, CEC).
2. Provides funding and time for the early childhood specialist and/or program administrator to actively seek knowledge and ideas by reading professional publications.
3. Requires the early childhood specialist and/or program administrator to disseminate information regarding early childhood research and staff development opportunities to staff.

## The Partnership with Families

Early childhood programs value, respect, and celebrate families and honor the diversity of family composition. Staff and administration understand the family's role as the first and most important teachers, and honor the right and responsibility of each family to be active partners in their child's education. Staff and administrators foster positive partnerships with all family members to support learning, including mothers, fathers, non-custodial parents, guardians or foster parents, grandparents, and others closely involved in the child's life.

Quality programs use a range of strategies to connect with family members including those who may be reluctant to become engaged in the program. They accomplish this through not only program structure and activities but also through the establishment of a caring atmosphere that is viewed by families as welcoming, respectful, and nurturing, and a setting in which staff and administration are responsive to their needs and concerns. Quality programs also welcome the involvement and opinions of families in planning for continuous quality improvement of the program.

- 1. Program Standard:** *Families have multiple opportunities for regular involvement with the program and its staff including placement, planning for individualization and evaluation related specifically to their child.*

**A Quality Program:**

1. Enables the family to take part in the decision making process related to the child's participation in the program, so program goals and expectations and goals for their child and family can be met.
2. Holds formal and informal parent-teacher conferences in which families are encouraged to share strengths, concerns, goals, and expectations; staff uses this knowledge to follow-up appropriately.
3. Employs methods of regular written and verbal communication using an appropriate literacy level and the home language when possible.
4. Makes two visits available to each family annually outside of the program setting, with at least one in the child's home.
5. Responds to family members in a timely manner.
6. Provides scheduled progress reports for each child.
7. Adopts policies to address information sharing with non-custodial parents.
8. Arranges for staff members to initiate other means of communication with parents who do not attend conferences/meetings or do not respond to teacher-initiated communications.
9. Requires program staff to collaborate with parents/family members in the design of appropriate assessment and/or intervention plans at an early stage when a child is having difficulty with behavior, social interactions, transitioning and/or with developmental/learning progress.
10. Is designed and arranged so that families feel welcome and respected including practices and materials that reflect the diversity of the families served.



11. Uses signs to clearly welcome parents and communicate schedules and daily routines (i.e., welcoming entrance signs, directional signs to classrooms, posters of the daily schedule).
12. Maintains confidentiality in accordance with program and state requirements.
13. Clearly communicates the process of disclosure of family information prior to seeking permission.

**2. Program Standard:** *Families have multiple opportunities to participate in the child's classroom program as they prefer and are able to do so.*

**A Quality Program:**

1. Provides family members the opportunity to become familiar with the program and the staff of the child's particular classroom prior to the start of the child's participation in the program.
2. Arranges opportunities for family members to share their culture, family traditions, and special skills and interests.
3. Makes opportunities available to participate in a variety of classroom activities and observations (e.g., interact with or observe children in the classroom; assist in planning and implementing field trips, visitations, and classroom activities; assist with the preparation of learning materials for daily activities).

**3. Program Standard:** *Families are provided a range of opportunities outside of the classroom for participation, education, and enrichment as part of their child's program as they prefer and are able to do so.*

**A Quality Program:**

1. Provides for family participation and support keeping in mind the requirements of the sponsoring agency or legislation.
2. Arranges for family members to have access to family education, enrichment, or family support group programs and activities provided by the program or through referral to community agencies.
3. Assures that family education opportunities include all domains of development (e.g., how to support children's learning, support for positive guidance techniques, good health and nutrition practices, including physical fitness and obesity reduction).
4. Provides or has access to a family resource space that includes a lending library of educational toys, games, and materials for children and families and materials, information, and resources designed to improve the quality of family life and/or support children's learning and development in the home setting.

**4. Program Standard:** *The program's policies and practices promote support and respect for the home language, culture, and family composition of each child in ways that support the child's health, learning, and social-emotional well-being.*

**A Quality Program:**

1. Supports staff in learning key words from the child's home language and their English equivalents.
2. Provides books and materials that reflect families' home languages and culture, as well as that of others in the community.
3. Communicates with the family in their preferred language or mode of communication.

**5. Program Standard:** *Family members and members selected from the community participate in the program's advisory council; the council has responsibility for recommending direction in the planning, development, implementation, and evaluation of the program.*

**A Quality Program:**

1. Operates the advisory council with parent membership under the guidelines and requirements of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.
2. Provides equal opportunity to all parents to serve on the advisory council based on the program's policies. This may include orientation, training and support for their participation.
3. Arranges for the advisory council to provide recommendations regarding all components of the program based upon the most recent data and research in early childhood education.
4. Assures that, as much as possible, the advisory council reflects the composition and characteristics of the families enrolled in the program and the people who make up the broader community (e.g., a balance of males and females, racial/ethnic groups, persons with disabilities, representatives from businesses and private and nonprofit agencies).
5. Communicates the activities of the advisory council to all families and staff and provides information about how to contact the council members.

**6. Program Standard:** *All families are provided with opportunities to assist in evaluation of the program.*

**A Quality Program:**

1. Provides each family with the opportunity to review and provide input on program requirements, practices, policies, procedures, activities, communication and events in order to determine the program's responsiveness to families and their needs.
2. Provides each family with the opportunity to offer perceptions about the value for their children of the child development program offered in the classroom and of any special services.
3. Invites each family to assess the continuum of family-involvement activities (e.g., the nature, quality, and quantity of the various participation opportunities afforded to them; unmet needs or areas of interest; the extent to which participation opportunities were scheduled and offered in ways which were responsive to employment schedules and child care needs).

## The Learning Environment

Just as a quality program views children's development and learning as an integrated process encompassing all domains, so are the components of the program's learning environment intertwined. The program's curriculum, climate, teaching practices and physical environment are interdependent and must be considered together if the program is to be effective. The learning environment in a high quality program is designed to help children gain the social competence, knowledge, skills and confidence necessary to succeed in their present environment and in later responsibilities in school and life.

### *Curriculum*

The curriculum in a quality early childhood program is thoughtfully planned based on an evidence-based framework consistent with the goals of the program and with standards established by the program's governing body and any applicable legislative requirements. It is consistent with and supports reasonable expectations for young children's development and learning and is culturally and linguistically responsive. An effective curriculum provides a coherent and intentional set of experiences and activities which support multiple goals and support children's development across all domains. The curriculum is designed to connect with and support developmentally appropriate expectations for children's development and learning in the years beyond the preschool program.

1. **Program Standard:** *The curriculum is based on the predictable sequences of growth and development of three- and four-year-old children.* [LRCCC-R400.5106]

#### **A Quality Program:**

1. Implements learning experiences and activities in all areas of development (i.e., social, emotional, intellectual, language, creative, and physical development) keeping with individual children's levels of functioning and comprehension.
2. Maintains developmentally appropriate expectations of behavior and performance for children.
3. Provides a range of opportunities and materials for play (e.g., child-initiated, child-directed, teacher-supported, and teacher-initiated).
4. Uses a variety of teaching strategies in implementing the curriculum (e.g., teacher-initiated, teacher-facilitated, and child-initiated with opportunities for free choice).

2. **Program Standard:** *The curriculum is designed to address all aspects of children's development and to further their learning with emphasis on the unique needs of the young child.* [LRCCC-R400.5106]

#### **A Quality Program:**

1. Relates each experience, activity, routine, and transition to curricular goals.
2. Incorporates spontaneous learning experiences into the daily schedule as a means to further children's growth and development.

3. Establishes two-way communication between homes and school so that home events are considered in planning a child's day and school experiences are communicated to the families.
4. Assures that children have ample opportunities for playing with others.
5. Handles the separation process from home to school with sensitivity and respect for the children's individual needs.
6. Recognizes children's anti-social behavior as a lack of skill or knowledge and appropriately addresses it as part of growth and development.
7. Assures that adults in the program recognize that children think and reason differently from more mature learners.
8. Designs activities, transitions, and routines that reflect children's attention span, need for physical activity, social interaction and attention from caring adults.

**3. Program Standard:** *The curriculum is designed to include experiences related to children's social, emotional, intellectual, language, creative, and physical development.*

**A Quality Program:**

1. Assures that children have experiences to enhance their social development, including acquisition of interpersonal skills, self-discipline, caring, and respect for others.
2. Assures that children have experiences to enhance their emotional development, including the development of basic attitudes of trust, autonomy, and initiative, as well as a positive self concept.
3. Assures that children have experiences to enhance their intellectual development, including knowledge of the physical world, creative problem-solving skills, decision-making skills, and appropriate social knowledge important to the culture.
4. Assures that children have experiences to enhance their language and early literacy development, including listening and speaking skills and emergent skills in writing and reading.
5. Assures that children have experiences to enhance their creative development including the development of imagination, as well as an awareness, appreciation and enjoyment of art, music, drama, poetry, prose, and the wonders of the natural world.
6. Assures that children have experiences to enhance their physical development, including small and large muscle development, as well as body awareness and sensory development.

**4. Program Standard:** *The curriculum fosters the integration of the content areas to support children's development in all domains.*

**A Quality Program:**

1. Integrates content areas around concept-based projects and themes.
2. Reflects children's interests and suggestions in project topics, themes, and learning centers.
3. Presents content in an integrated fashion, rather than through isolated bits of knowledge and activities.
4. Uses strategies to make connections between prior learning and new experiences and subsequent knowledge.

5. Uses learning experiences in a variety of areas as an opportunity to enhance children's language and early literacy development.
6. When instructional specialists are available, requires them to work in collaboration with the classroom staff and within the classroom to support and extend classroom projects or themes.
7. Views collaboration among teachers, parents, administrators, and community members as essential to enhancing the integration of the curriculum.

**5. Program Standard:** *The curriculum is developmentally and linguistically appropriate and takes into account children's individual rates of development as well as individual interests, personalities, temperaments, languages, cultural and family backgrounds, and learning styles.*

**A Quality Program:**

1. Adapts the program to individual patterns and uniqueness and for the timing of children's growth within the available program resources.
2. Presents learning objectives in a sequence and rate that is in keeping with children's individual needs, rather than based on a predetermined schedule.
3. Monitors, adapts, and adjusts activities and experiences in response to children's demonstrated levels of functioning and competence at all ability, interest and skill levels.
4. Is responsive to various learning styles (e.g., kinesthetic, visual and auditory).
5. Provides continuous opportunities for children of all ages and abilities to experience success.

**6. Program Standard:** *The curriculum is designed to provide a developmentally and linguistically appropriate environment and adult guidance to enable the participation of children with special needs.*

**A Quality Program:**

1. Supports all children in achieving a sense of belonging and membership in their classroom.
2. Adapts activities, makes accommodations, and uses other strategies that integrate children socially and enables them to participate in activities, regardless of abilities.
3. Adapts materials and equipment so that all children can share in activities.
4. Provides and arranges space to make play equipment and materials accessible to all children.
5. Assists children, if necessary, in using and playing with materials.
6. Increases the complexity and challenge of activities, as children develop.
7. Observes children carefully to identify their preferred ways of interacting with the environment, taking into account their skills in handling objects and materials, frequency of conversation, interest in listening to stories and songs, and choices to work alone or with others.
8. Provides multiple avenues for children to learn and to express themselves (e.g., children with disabilities have access to creative and physical experiences that enable participation in alternative ways).

9. Requires each adult to be responsible for each child in the program so that every adult can support every child to meet their learning expectations.
10. Discusses parents' expectations for their children.

**7. Program Standard:** *The curriculum is designed so that activities are carefully and developmentally sequenced in keeping with individual children's levels of functioning and comprehension.*

**A Quality Program:**

1. Expects the teaching staff to implement developmentally appropriate expectations for children's behavior and performance.
2. Expects the teaching staff to be aware of each child's level of functioning and comprehension in relation to their aesthetic, sensory, social emotional, intellectual, language, and physical development.
3. Expects teaching staff to be able to articulate to others the ultimate goal toward which a particular activity is related.
4. Expects the teaching staff to introduce information or materials which makes the task more manageable when a child experiences difficulty.
5. Plans experiences and activities that over time reflect a sequence from simple to complex skills, from concrete to abstract concepts, and which enable children to make progress toward the next step in their learning.
6. Provides many varied opportunities, materials, and equipment for children to observe, explore, and experiment with their environment on a continuing basis.
7. Presents skills, concepts, and information for children to learn within the context of providing ample opportunities for exploration.
8. Uses specific teaching strategies to help children learn skills, concepts, or information they cannot discover on their own.

**8. Program Standard:** *The curriculum is designed to promote individualized teaching and learning rather than requiring children to move in a group from one learning activity to the next.*

**A Quality Program:**

1. Plans for a range of activities to address the varying abilities of children in the group.
2. Presents learning activities in a meaningful context, on multiple occasions and in a variety of ways.
3. Assures that teachers can articulate a developmentally appropriate range of objectives for each activity they plan.
4. Assesses children on the basis of individual accomplishments and not by comparison to the accomplishments or development of other children.
5. Assures that children's lack of accomplishment is never purposely brought to the attention of the group.
6. Never penalizes children in any way for lagging behind their classmates in any area of development.

**9. Program Standard:** *The curriculum is designed to include experiences related to multicultural awareness.*

**A Quality Program:**

1. Provides opportunities for children to interact with adult members of their own and of other cultural groups.
2. Provides classroom activities which include books, pictures, props, music, foods, materials, field trips, and costumes representing a wide range of cultural groups.
3. Assures that children receive positive, accurate information about a variety of cultural groups.
4. Integrates multicultural activities into the daily routines of the program rather than reserving them only for holidays or special occasions.

**10. Program Standard:** *The curriculum is designed to enable children to learn those things that are important to them.*

**A Quality Program:**

1. Encourages teachers to plan themes and areas of investigation based on the interests of the children rather than planning an entire year's themes at the beginning of the year.
2. Encourages spontaneous, as well as planned, investigation of those occurrences which arouse a child's curiosity and interest.
3. Designs curriculum in such a way that children's ideas, interests and concerns are acknowledged, respected and supported.
4. Provides for children's questions to be answered promptly and accurately.
5. Addresses home and community events important to children in a timely manner and uses them as an opportunity for learning.
6. Makes available materials children request frequently, as appropriate.

**11. Program Standard:** *The curriculum is designed around all children's abilities to make sense of the world and acquire competence as life long learners.*

**A Quality Program:**

1. Assures that children's successful experiences are extended and enhanced by the curriculum.
2. Presents concepts in the curriculum through learning activities and materials that are real and relevant to the lives of children, and that move from the concrete to the abstract.
3. Develops skills (e.g., in literacy, math, physical development) in a meaningful context.
4. Considers children's play as an appropriate and important way of learning.

### *Climate [LRCCC-R400.5106]*

Effective programs for three- and four-year old children are planned to be age appropriate and to meet their individual needs. A program establishes a positive climate and promotes positive interpersonal relationships. This includes relationships between children and adults, among children, among adults, and between the staff and families.

1. **Program Standard:** *The program is structured to enhance children's feelings of comfort, security and self-esteem and development of positive relationships with adults and other children.*

#### **A Quality Program:**

##### ***To Support Positive Adult/Child Relationships:***

1. Accepts all children's individual levels of development, interest, temperament, cultural background, language, and learning styles and uses them as the basis for programmatic planning.
2. Treats all children with warmth, respect, and caring, regardless of social, economic, cultural, ethnic, linguistic, religious, or family background, and regardless of gender, behavior, appearance, or any disability.
3. Accepts and values children's primary languages and uses them as a means for communication.
4. Promptly attends to children's feelings and emotions with respect and gentleness.
5. Assures that each child experiences positive adult attention during the day.
6. Schedules staff to provide children with consistency of adult supervision.
7. Assures that children can identify at least one primary caregiver from whom to seek help, comfort, attention, and guidance.

##### ***To Support Positive Child/Child Relationships:***

8. Assures that children have ongoing opportunities to interact informally with one another.
9. Assures that children have ongoing opportunities to recognize and accept similarities and differences among one another.
10. Provides children with strategies and information about specific social skills to enhance their interpersonal relations.
11. Encourages children to negotiate and resolve conflicts peacefully with adult intervention and guidance only when necessary.
12. Provides opportunities for small and large group activities leading to expanded perspectives, cooperation, collaboration and membership in a group.

2. **Program Standard:** *The program is structured to assure that children's biological and physical needs are met.*

#### **A Quality Program:**

1. Assures that the environment of the facility meets the needs of children according to state licensing requirements.



2. Structures the program to ensure that children's biological needs are met (e.g., toileting available when children indicate need; opportunity to rest; snack available during each 2.5 hour time frame; drinking water available all day).
3. Provides sufficient time for a nutritious meal/snack to be served and eaten. (e.g., family style where adults sit with and eat the same food as children; children have the opportunity to serve themselves with assistance as needed; conversation is among children and adults and is an extension of children's interests).
4. Balances daily routines based on children's needs (e.g., active and quiet, outdoor time, self care, and rest time activities).
5. Establishes and implements policies and procedures regarding children's health and educates staff on the individual and group health needs of children.
6. Assures that staff is trained in First Aid and CPR and that first aid/health materials are always available on site.
7. Provides additional clothing for children and children are changed promptly as the need arises (e.g., smocks for messy activities, extra seasonal outdoor clothing, changes of clothing for bathroom accidents and health emergencies).

**3. Program Standard:** *The program's policies and practices support the enrollment and participation of all children including those with disabilities and promote an environment of acceptance that supports and respects gender, culture, language, ethnicity, individual capacities, and family composition.*

**A Quality Program:**

1. Implements nondiscriminatory enrollment and personnel policies.
2. Expects staff to demonstrate, through action, a genuine respect for each child's family, culture, and life-style.
3. Provides an environment that reflects the cultures of all children in the program in an integrated, natural way.
4. Fosters children's primary language, while supporting the continued development of English.
5. Avoids activities and materials that stereotype or limit children according to their gender, age, disability, race, ethnicity, or family composition.
6. Expects staff to model respect and help children to demonstrate appreciation of others.

**4. Program Standard:** *The program uses positive guidance techniques which further children's development of self-control, responsibility, and respect for self, others, and property. [LRCCC-R400.5107]*

**A Quality Program:**

1. Uses positive, predictable, consistent, and constructive guidance (discipline) techniques (e.g., modeling and encouraging expected behavior, redirecting children to more acceptable activities, meeting with individual children to discuss concerns).
2. Applies individually determined guidance practices based upon the child's developmental level using natural and logical consequences allowing children to assume greater responsibility for their actions.

3. Provides support to children in appropriately resolving their personal conflicts. (e.g., negotiating, helping, cooperating, talking with the person involved).
4. Has policies stating that depriving a child of snack, rest, or necessary toilet use or using disciplinary practices that involve shaming, hitting, or spanking are forbidden.

**5. Program Standard:** *The philosophy and the program's policies and practices support an appropriate environment and adult guidance for the participation of children with special needs and home languages other than English.*

**A Quality Program:**

1. Adapts materials and equipment so that all children can share in activities.
2. Provides and arranges space to make play equipment and materials accessible to all children.
3. Assists children, if necessary, in using and playing with materials.
4. Makes each adult responsible for each child in the program (e.g., every adult supports every child to meet their learning expectations).
5. Discusses with parents their expectations and goals for their children.
6. Adapts activities, makes accommodations, and uses other strategies that integrate children socially and enable them to participate in all activities, regardless of abilities, physical limitations, or language status.

## ***Teaching Practices [LRCCC-R400.5106]***

Teachers use their understanding of child growth and development and their knowledge about the individual children in their group to organize the learning environment, implement the curriculum, and to help children further develop their capacities. Teaching practices encompass everything teachers do to facilitate children's development and learning including the way space is organized and provisioned, the nature of interactions with individuals and groups of children, scheduling, the management of transitions across the day, and grouping practices.

- 1. Program Standard:** *The value of play is demonstrated throughout all aspects of the program and children have opportunities to use play to translate experience into understanding.*

### **A Quality Program:**

1. Assures that the value of play is reflected in the program's philosophy statement and curriculum.
2. Assures that administrators, teachers, and staff can articulate the value of play in relation to children's development.
3. Assures that administrators, teachers, and staff communicate the value of play to families.
4. Provides a daily schedule that includes an extended block or blocks of time designated for free choice, play, and exploration.
5. Provides play opportunities for children individually and in groups both indoors and outdoors as weather permits.

- 2. Program Standard:** *Activities are designed to help children learn concepts and skills through active manipulation of a wide variety of materials and equipment.*

### **A Quality Program:**

1. Provides access to a variety of materials and technology for social, emotional, dramatic play, creative, music, movement, fine motor, large motor, mathematics, science and social studies experiences.
2. Provides a large variety of age appropriate books and other literacy related materials throughout the classroom.
3. Facilitates a child's exploration of writing in multiple areas of the classroom.

- 3. Program Standard:** *The program is planned and implemented to permit children to learn from exploration, acquisition of skills and knowledge, practice, and application.*

### **A Quality Program:**

1. Provides opportunities for children to engage in exploration of materials or concepts with which they have had little prior experience.
2. Provides opportunities for children to learn and practice prerequisite skills prior to engaging in the activity for which those skills are required.

3. Provides opportunities for teachers and children to be used as models in the learning process.
4. Provides children support to investigate and discover new knowledge.
5. Provides opportunities for teachers to be guides in facilitating children's involvement; enriching their learning experiences by affirming and extending their ideas; responding to their questions; engaging them in conversations; and, challenging them in their thinking.
6. Provides opportunities for teachers to encourage and capitalize on unplanned learning opportunities.
7. Exposes children to skills, concepts, or information they cannot discover on their own, through the use of teacher-initiated learning activities.

**4. Program Standard:** *Activities are designed so that concepts and skills are appropriately presented using a variety of methods and techniques.*

**A Quality Program:**

1. Designs activities that permit children to use the greatest number of senses.
2. Presents concepts to children using self correcting hands-on materials rather than through paper-pencil exercises or patterned activities.
3. Presents concepts multiple times using various materials and methods of instruction.
4. Makes activities and materials available for extended periods of time so children can repeat and expand on their previous experience and so that children's desire to repeat experiences can be encouraged by adults.
5. Makes additions to learning environments throughout time in order to enhance and expand concept development.
6. Incorporates language experiences which include repetition into children's daily activities.
7. Arranges for children to use technology materials and centers in a similar manner as other materials and centers (e.g., there is no special computer time).
8. Observes children carefully to identify their preferred ways of interacting with the environment, taking into account their skills and abilities.

**5. Program Standard:** *Technology tools are used to support the teaching practices.*

**A Quality Program:**

1. Provides technology tools for teachers to make instructional materials.
2. Incorporates the use of technology tools during ongoing child observation and assessment to keep records and to create reports about children and/or classroom activities.
3. Enables teachers to communicate with parents and other professionals via e-mail and other technologies.
4. Provides technology tools for teachers to use the Internet to locate resources including appropriate Web sites for children and ideas for best teaching practices.
5. Provides technology tools for teachers to develop and produce photographs and video from digital media.
6. Locates resources for assistive technology.

**6. Program Standard:** *Formal and informal grouping practices are used to strengthen children's learning.*

**A Quality Program:**

1. Takes children's interests, friendships, and common needs into account when groups are formed.
2. Groups children primarily heterogeneously, using homogeneous subgroups on a limited and temporary basis and changing readily to accommodate varying rates of growth.
3. Provides children with opportunities to work and play in large groups, small groups, and individually.
4. Maintains child-adult ratios in accordance with the requirements of the particular program.

**7. Program Standard:** *Child-child interactions are encouraged through the use of learning experiences that include cooperative play, conflict resolution, and large, small, interest-based, and multi-age groupings.*

**A Quality Program:**

1. Structures environments to promote small groups of children working and playing cooperatively in self-selected and teacher-initiated activities.
2. Assures that the composition of groups is flexible and temporary depending on needs and the type of activity.
3. Groups children according to interests rather than ability whenever possible.
4. Views all children as valued group members.
5. Structures the environment so that adults move among groups and individuals, facilitating and monitoring children's involvement with activities and with one another.

**8. Program Standard:** *The daily routine/schedule is predictable, yet flexible.*  
[LRCCC-R400.5106]

**A Quality Program:**

1. Develops schedules that include predictability and repetition, responds to a child's natural timetable, and takes advantage of teachable moments.
2. Schedules extended blocks of time so that children can become absorbed in learning experiences without interruption
3. Includes the creative arts, physical development (gross and fine motor), and literacy activities as regular components during the day.
4. Provides for cooperative groups, teacher-initiated, and child-initiated/choice activities.
5. Provides for active, quiet, large group, small group, paired, individual, independent, and guided activities.
6. Carefully plans, appropriately paces, and monitors learning activities.
7. Provides the physical space and time in the schedule for children to have moments of private time.
8. Nurtures children in a relaxed classroom atmosphere.

**9. Program Standard:** *Routines and transitions between activities are smooth and kept to a minimum.*

**A Quality Program:**

1. Allows enough time so that routines and transitions are unhurried and purposeful.
2. Supports and plans for children who find transitions difficult.
3. Prepares for transitions and limits wait times.
4. Provides children with opportunities to participate in daily routines such as picking up toys.
5. Minimizes or eliminates pull-out programs and activities that take children away from the classroom to another location.
6. Appropriately prepares children and families for transitions into the program and to new or different programs/classrooms.
7. Gives all children notice to prepare for change, and explain to them what is happening and what will happen next.
8. Minimizes idle time in group settings.

**10. Program Standard:** *Adults use language and strategies which enhance children's language and critical thinking.*

**A Quality Program:**

1. Expects teaching staff to talk with children individually and in small groups and to take advantage of spontaneous events to talk with each child individually.
2. Expects teaching staff to ask children a variety of questions designed to stimulate extended response (e.g., minimizing "yes" or "no" response questions, increasing "why" and "how" questions).
3. Expects teaching staff to talk to children about the children's emotions and the emotions of others and about how to understand the perspective of another person.
4. Expects teaching staff to involve children in making choices and evaluating the consequences of the choices they have made.
5. Provides opportunities for children to contribute their ideas to class decisions and to help make class rules.
6. Involves children in planning, implementing, and evaluating some class activities.

**11. Program Standard:** *Teachers are enthusiastic models of life-long learning by providing children with many opportunities to explore, manipulate, investigate, and discover.*

**A Quality Program:**

1. Initially presents concepts to children via concrete, hands-on materials.
2. Makes concrete materials available on an on-going basis as needed to reinforce concepts.
3. Presents concepts several times throughout the year, using various methods and materials.
4. Presents simple skills prior to more complex skills.
5. Encourages children to take risks and use trial and error as a valuable way of learning.

## ***Facilities, Materials, and Equipment***

Early childhood programs assure that the learning environment, materials, and equipment promote the curriculum, children's well-being, and program quality. For children in this age range, the learning environment is a physical representation of the curriculum. Since so much of young children's development and learning take place through their senses and as a result of direct interaction with materials of all kinds, the kind and quality of the toys and other learning materials play a critical role in advancing their development. Items must be adequate and appropriate to children's age, developmental levels, and relate to what they are learning.

- 1. Program Standard:** *The facility is safe and secure and complies with the legal requirements of the local, state, and/or federal licensing or accrediting agency having jurisdiction over the program.* [LRCCC-R400.5109; 5115; 5118]

### **A Quality Program:**

1. Has a current child care center license.
2. Complies with all facility requirements of the sponsoring agency or legislation.
3. Makes provisions for all children, including those with disabilities, to ensure their safety, comfort, and participation.
4. Assures that staff and parents are knowledgeable of all safety policies and procedures that apply to the program.

- 2. Program Standard:** *The indoor physical space is organized into functional learning centers that can be recognized by the children and that allow for individual activities and social interactions.* [LRCCC-R400.5116]

### **A Quality Program:**

1. Provides at least 50 square feet per child of usable space in classrooms.
2. Organizes the classroom space into learning centers using child sized furniture and equipment, age appropriate shelving, low walls, and/or other items to separate the areas.
3. Organizes the classroom space to include areas where a child can be away from the group and able to be observed by staff.
4. Provides space for each child to store personal belongings and projects.
5. Addresses different curricular/developmental domains (e.g., aesthetic, emotional, language, cognitive, sensory, social, physical) and instructional strategies at each learning center.
6. Allows children to move from one area to another without obstructions.
7. Organizes materials for children's easy access.
8. Prominently displays children's work in the classroom.

- 3. Program Standard:** *The outdoor physical space is safe and allows for individual activities and social interactions. [LRCCC-R400.5117]*

**A Quality Program:**

1. Provides at least 75 square feet per child of usable outdoor play space, which includes a variety of safe surfaces and elevations (e.g., soil, grass, sand, hard, flat, elevated).
2. Keeps children protected from unsafe areas (e.g., streets, parking lots, driveways, swimming pools).
3. Provides playground equipment of suitable size for the age of the children and accessible to children with disabilities.
4. Provides materials and equipment suitable for use outdoors.

- 4. Program Standard:** *Equipment, toys, materials, and furniture reflect the curriculum, are age-appropriate, safe, and supportive of the abilities and developmental level of each child served. [LRCCC-R400.5108]*

**A Quality Program:**

1. Provides materials, equipment and activities that reflect children's culture, diversity, developmental abilities, individual learning styles, and home language.
2. Provides instructional adjustments and adaptive devices for children with disabilities to ensure their learning, comfort, and participation.
3. Provides safe, appropriate, and sufficient equipment, toys, materials, and furniture that support the learning expectations and encourage each child to experiment and explore.

- 5. Program Standard:** *Computer software used in the program is developmentally appropriate for young children and reflects the program's curriculum. Technology tools are integrated into the learning environment.*

**A Quality Program:**

1. Locates computers and other technology tools within classrooms.
2. Locates computers and printers adjacent to one another to promote children's interaction.
3. Provides child-sized computer furniture so that screens are at children's eye level.
4. Provides other classroom materials that reflect items portrayed in software programs.



## Child Assessment and Program Evaluation

Young children present special challenges for assessment. Growth and development is most rapid during early childhood and is often uneven and greatly influenced by children's environments. Young children do not understand testing in the same way older children do. Children may be harmed if the wrong instruments are used in the wrong way. Such inappropriate practices often result in the use of faulty information to make program placements or to alter children's learning opportunities. Options for gathering and reporting information are numerous. It is critical that the methods selected are sensitive to cultural, racial, class, gender, linguistic, and ability differences among children and families.

Knowing how children are doing as a result of participating in a program or set of services is of critical importance to teachers, parents, program leaders and local, state and federal agencies having responsibilities for the programs. Each of these stakeholders may have different reasons for needing the information quality child assessment can bring, but in the end, the most important stakeholder is the child (Council of Chief State School Officers, 2003).

1. **Program Standard:** *The program uses information gained from a variety of child assessment measures to plan learning experiences for individual children and groups.*

### **A Quality Program:**

1. Uses sound developmental and learning theory to plan and conduct child assessment.
2. Uses assessment tools and processes that are continuous, ongoing, cumulative, and in the language that the child understands.
3. Primarily uses children's involvement in ordinary classroom activities, not artificially contrived tests, to gauge children's growth.
4. Uses a variety of instruments and processes to document children's growth, development, and learning over time (e.g., observation and anecdotal reports; teacher questions; parent, provider, and child interviews; products and samples of children's work; teacher-constructed or standardized checklists; children's self-appraisals).
5. Arranges assessment so that it does not bring added stress for children or teachers.
6. Uses assessment results from a variety of sources as a guide for curriculum and teaching decisions and the need for intervention for individuals and classrooms.
7. Uses results from more than one assessment method to determine the need for and plan of intervention.

2. **Program Standard:** *The program uses information from child assessments to effectively communicate children's progress with their parents.*

### **A Quality Program:**

1. Recognizes that parents have essential information about their children's growth and development that can help staff work effectively with their children.
2. Frequently shares information with parents on both a formal and an informal basis about reasonable expectations for children's growth, development, and learning.

3. Uses a combination of methods to share information about children's progress and challenges at formal and informal parent/teacher conferences (e.g., work samples, anecdotal records, photos, narrative reports).
4. Arranges to share information about children's progress with non-custodial parents.
5. Uses newsletters and Web pages to convey information about the program's activities and projects that support children's learning and growth (e.g., descriptions of assessments used).

**3. Program Standard:** *The program uses appropriate assessment tools to help identify children who may require additional specialized programs and interventions.*

**A Quality Program:**

1. Uses valid and reliable screening tools and procedures to determine whether children require further evaluation.
2. Informs parents of the types and purposes of the screening in advance of the screening, the results of those screenings, and the purposes and results of subsequent evaluations.
3. Uses specialists to evaluate and diagnose children whose growth and development falls outside age appropriate guidelines as determined by screening processes.
4. Gives parents the opportunity to review their child's records in a timely manner and secures written consent if additional evaluation is proposed.
5. Uses reliable and valid standardized assessment tools for meeting requirements for federal funding accountability or other purposes.
6. Uses teacher observations and parent feedback to supplement data collected by standardized instruments.

**4. Program Standard:** *The program implements program evaluation processes to learn how the program can be improved and be accountable.*

**A Quality Program:**

1. Bases its annual program evaluation on its current program philosophy, goals and objectives.
2. Involves families, staff and a variety of community members in an annual review of all program components and uses program evaluation results to develop and implement a plan for improvement.
3. Uses child assessment results, program assessment, and other data to evaluate how well the program is meeting its goals.
4. Evaluates teachers and administrators with methods that reflect the program's philosophy and curriculum, and develops professional goals based on these evaluations.
5. Regularly reviews the improvement plan and assesses progress throughout the year.
6. If applicable, cooperates in providing data required by legislation and/or agencies administering the program.

- 5. Program Standard:** *Assessment tools used for any purpose are those which are best suited for the purpose, which meet professional standards, and which are used in an appropriate manner.*

**A Quality Program:**

1. Assures that teaching and administrative staff have expertise related to the most appropriate assessment measures and procedures needed for the particular assessment.
2. Seeks assistance from knowledgeable professionals when selecting and using assessment tools.
3. Uses instruments only for the purpose(s) intended (e.g., does not use screening tools to make decisions about placement or to assess progress).
4. Uses the least intrusive tools needed for the specific purpose of the assessment (e.g., avoids using standardized tests for decisions about curriculum and teaching or to convey information about children's progress to their parents).

## **Early Learning Expectations for Three- and Four-Year-Old Children**



# Early Learning Expectations for Three- and Four-Year-Old Children

## Introduction

In the 1992 document, *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, Michigan attempted to define what young children ages four to eight might reasonably be expected to know and be able to do and what they should be learning in high quality programs and settings. In 1992, student expectations were set mostly for the end of elementary school, the end of middle school, and the end of high school, so it seemed important to indicate what children should be learning in the preschool and primary years. The developers wanted to make sure that children would have the opportunity to learn content and acquire appropriate skills within a wide developmental period. Now that children's achievement is measured yearly beginning in third grade, it has become necessary to define the expectations for student achievement on an annual basis beginning in kindergarten, and by extension, to isolate the learning and development expectations for children before they enter formal schooling. These expectations are meant to emphasize significant content appropriate for preschoolers at this very special time in their lives, to protect them from an underestimation of their potential and from the pressure of academic work meant for older children.

These expectations are not meant to prevent children from enrolling in age-appropriate learning experiences or to exclude them from needed services and supports. High quality preschool and prekindergarten settings, in centers, homes, and throughout the community, provide children experiences and opportunities that allow them to meet these expectations.

This section of *Early Childhood Standards of Quality for Prekindergarten* is meant to apply to all three- and four-year-old children in Michigan, both those whose development is typical and those who are of differing abilities and backgrounds. It recognizes that young children's growth, development, and learning are highly idiosyncratic. Young children learn at different rates in the various domains of their development and not all children master skills and content within a domain in the same order, although there are patterns to their development. All domains of child development are important to the success of early learners; the domains and learning and development within them are interrelated, and dissected here only to be able to discuss them.

The sections that follow are organized with a brief introduction to the domain and content area, followed by statements about children's learning. Each "early learning expectation" is illustrated by several items indicating how children typically exhibit their progress toward meeting that expectation. These items are not meant to be exhaustive; children will demonstrate their progress in many ways.



## Approaches to Learning

Children approach their learning in different ways. Adults who provide early care and education programs should take children's unique attitudes, habits, and learning styles into consideration when planning for them. The learning environment should be designed to support and increase children's initiative, curiosity, engagement, persistence, invention and imagination in their work and play. The important role of positive attitudes and dispositions, and openness to new tasks and challenges cannot be overemphasized. Children should have experiences and opportunities that foster the promotion of self-initiated learning. How children approach their learning is closely related to their social, emotional, intellectual, language, and physical development.

- 1. Early Learning Expectation:** *Children show increasing initiative and curiosity about their work and play in all areas of the curriculum.* [HSCOF-ATL 6.1.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4]

**Children typically:**

1. Choose to participate in an increasing variety of tasks and activities using all five senses.
2. Make choices and value decisions, as they solve the problems in their work and play.
3. Become more comfortable with taking risks and with generating their own ideas.
4. Approach tasks and activities with increased flexibility, imagination, inventiveness, and confidence.
5. Grow in eagerness to learn about and discuss a growing range of topics, ideas, and tasks.
6. Demonstrate comfort with open-ended questions and problems.
7. Value the uniqueness of their own work.

- 2. Early Learning Expectation:** *Children show increasing engagement and persistence in their work and play in all areas of the curriculum.* [HSCOF-ATL 5.2.3, 6.1.2, 7.2.1, 7.2.2, 7.2.3, 7.3.1, 7.3.2]

**Children typically:**

1. Grow in abilities to persist in and complete a variety of tasks, activities, projects, and experiences.
2. Demonstrate increasing ability to set goals and develop and follow through on plans.
3. Show growing capacity to maintain concentration in spite of distractions and interruptions.
4. Begin to demonstrate the ability to follow a sequence of steps to create a finished project.
5. Grow in the ability to plan individually, in small groups, and with the whole class.

- 3. Early Learning Expectation:** *Children show increasing invention and imagination in their work and play in all areas of the curriculum.* [HSCOF-ATL 7.3.1, 7.3.2]

**Children typically:**

1. Experiment, explore, and ask questions freely.
2. Try new things and take risks.
3. Problem solve using a variety of strategies.
4. Grow in their ability to elaborate on their original ideas.



5. Increasingly show originality and flexibility in their work.
6. Use more and more complex scenarios in play.
7. Explore movement, music, and a variety of artistic modes.

## Social and Emotional Development

To develop socially and emotionally, children need to develop the capacity to experience, express, and gain self-control over their emotions and social interactions. Children learn and thrive when they feel emotionally secure with and socially connected to adults who provide nurturing relationships and positive early learning experiences. When children feel emotionally secure and physically safe, they feel more confident to explore their environment and to learn.

An environment that is responsive to each child and that is predictable and consistent strengthens a child's confidence in approaching new challenges and enhances the development of trusting and healthy relationships. In the preschool years children grow in the ability to participate in the larger world beyond the family—to serve as a resource, to negotiate, to lead and follow, and to be actively involved in their relationships with others.

1. **Early Learning Expectation:** *Children develop and exhibit a healthy sense of self.* [HSCOF-SED 6.1.1, 6.5.1]

### **Children typically:**

1. Develop greater self awareness.
2. Continue to develop personal preferences.
3. Demonstrate growing confidence in expressing their feelings, needs and opinions.
4. Become increasingly more independent.
5. Recognize and have positive feelings about their own gender, family, race, culture and language.
6. Identify a variety of feelings and moods (in themselves and others).

2. **Early Learning Expectation:** *Children show increasing ability to regulate how they express their emotions.* [HSCOF-SED6.2.3]

### **Children typically:**

1. Grow in their capacity to avoid harming themselves, others, or things around them when expressing feelings, needs and opinions.
2. Grow in their ability to follow simple, clear, and consistent directions and rules.
3. Use materials purposefully, safely, and respectfully more and more of the time.
4. Begin to know when and how to seek help from an adult or peer.
5. Manage transitions and follow routines most of the time.
6. Can adapt to different environments.

3. **Early Learning Expectation:** *Children develop healthy relationships with other children and adults.* [HSCOF-SED 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 6.4.1, 6.4.2, 6.4.3]

### **Children typically:**

1. Increase their ability to initiate and sustain age-appropriate interactions with peers and adults.
2. Begin to develop and practice the use of problem-solving and conflict resolution skills.

3. Recognize similarities and differences in people (gender, family, race, culture, language).
4. Increase their capacity to take another's perspective.
5. Show increasing respect for the rights of others.
6. Show progress in developing and keeping friendships.
7. Participate successfully as a group member.
8. Demonstrate an increasing sense of belonging and awareness of their role as a member of a family, classroom, and community.

## Intellectual Development

In the early years intellectual development and brain development are integrally linked. Young children acquire, adapt, practice, apply, and transfer knowledge in order to construct new or expanded concepts and make sense of their world. By observing, exploring, manipulating, listening, reflecting, and making inferences, children become capable of more complex thinking. They are able to use their experiences and knowledge in increasingly advanced ways.

Having knowledge of the major cognitive characteristics of children enables parents, teachers and caregivers to support their cognitive development and learning across the curriculum. Intellectual development across content areas (e.g., language and early literacy, math, science, social studies) is interrelated. These expectations cross and have application in all of them, thus supporting children's learning across the curriculum.

1. **Early Learning Expectation:** *Children explore with increasing understanding the physical characteristics and relationships of objects and happenings in their environment.* [HSCOF-ID 7.3.3]

**Children typically:**

1. Explore and identify the characteristics of objects, including their similarities and differences.
2. Progress from categorizing objects and events using one attribute to categorize the same set of objects or events in multiple ways.
3. Can provide reasons for grouping objects in particular ways.
4. Can classify objects and events by identifying sets of large groups (e.g., all horses and all dogs are animals, all houses are buildings).
5. Can progress from sequencing objects and events by using one attribute to sequencing the same set of objects or events in multiple ways, providing reasons for sequencing in particular ways.

2. **Early Learning Expectation:** *Children represent what they understand about the world through actions, objects, and words.*

**Children typically:**

1. Recognize symbols in the environment (e.g., traffic signals, signs).
2. Use symbols to represent their thoughts and ideas through play and expressive language.

3. **Early Learning Expectation:** *Children gain, organize, and use information in increasingly complex way.* [HSCOF-ID 4.1.5]

**Children typically:**

1. Gather information and learn new concepts through experimentation and discovery, making connections to what they already know.
2. Share through words or actions the acquisition of increasingly complex concepts.

4. **Early Learning Expectation:** *Children move from solving problems through trial and error to beginning to use varied strategies, resources, and techniques to test out possibilities and find solutions.* [HSCOF-ID 4.2.4]

**Children typically:**

1. Demonstrate problem-solving skills in their hands-on activities.
2. Increase their ability to observe attentively.
3. Increase their ability to ask questions appropriate to the circumstance.
4. Increase their ability to predict outcomes by checking out and evaluating their predictions.
5. Try a variety of ways of solving problems.
6. Demonstrate enjoyment in solving their own problems.

## Language and Early Literacy Development

Children begin to communicate at birth. During the preschool years they are emerging as language users and developing competence as listeners, speakers, readers, writers and viewers. Each of the language arts is strengthened by integrated literacy experiences in print-rich environments in homes, neighborhoods, and in early learning settings.

Having knowledge of the major characteristics of children's language development in the three- and four-year old age range enables parents, teachers and caregivers to provide support and strengthen children's emerging competence. Intentional learning experiences which support the early learning expectations outlined below will help young children become motivated and efficient communicators who listen, speak, read, write, and view effectively for meaningful purposes.

**1. Early Learning Expectation:** *Children begin to understand written language read to them from a variety of meaningful materials, use reading-like behaviors, and make progress towards becoming conventional readers.*

### **Children typically:**

**A. In comprehension strategies:** [HSCOF-LD 1.1.3, L 2.2.1, 2.2.2] [GLCE-R.WS.00.11-.12; R.NT.00.01-.05; R.IT.00.01-.04; R.CM.01-.06; RP.00.01-.03]

1. Retell a few important events and ideas they have heard from written materials (e.g., in stories and in books about things and events).
2. Enlarge their vocabularies both with words from conversation and instructional materials and activities.
3. Use different strategies for understanding written materials (e.g., making predictions using what they already know, using the structure of texts, linking themselves and their experiences to the written materials, asking relevant questions).
4. Demonstrate reading-like behaviors with familiar written materials [i.e., moving from labeling pictures to creating connected stories using book language (e.g., "Once upon a time . . ."); using patterns and vocabulary that occur in printed material to making use of printed text (e.g., trying out what one is learning about words and sounds)].
5. Talk about preferences for favorite authors, kinds of books, and topics and question the content and author's choices (critical literacy).

**B. In print and alphabetic knowledge:** [HSCOF-L 2.1.3, 2.1.5, 2.3.5, 2.5.1, 2.5.2, 2.5.3, 2.5.4] [GLCE-R.WS.00.03-.09; R.FL.00.01]

1. Show progress in identifying and associating letters with their names and sounds.
2. Recognize a few personally meaningful words including their own name, "mom," "dad," signs, and other print in their environment.
3. Participate in play activities with sounds (e.g., rhyming games, finger plays).

**C. In concepts about reading:** [HSCOF-L 2.2.4, 2.3.1, 2.3.2, 2.3.3, 2.3.4] [GLCE-R.MT.01-.04; R.CS.00.01; R.AT.00.01-.02]

1. Understand that ideas can be written and then read by others.
2. Understand print and book handling concepts including directionality, title etc.

3. Understand that people read for many purposes (e.g., enjoyment, information, to understand directions).
4. Understand that printed materials have various forms and functions (e.g., signs, labels, notes, letters, types).
5. Develop an understanding of the roles of authors and illustrators.

**2. Early Learning Expectation:** *Children begin to develop writing skills to communicate and express themselves effectively for a variety of purposes.* [HSCOF-L 2.4.1, 2.4.2, 2.4.3, 2.4.4] [GLCE-R.GM.00.01-.04; R.PR.00.01-.04; R.PS.00.01; R.SP.00.01-.02; R.HW.00.01-.03; R.AT.00.01]

**Children typically:**

1. Begin to understand that their ideas can be written and then read by themselves or others.
2. Use a variety of forms of early writing (e.g., scribbling, drawing, use of letter strings, copied environmental print) and move toward the beginning of phonetic and/or conventional spelling.
3. Begin to develop an understanding of purposes for writing (e.g., lists, directions, stories, invitations, labels).
4. Represent their own or imaginary experiences through writing (with/without illustrations).
5. Begin to write familiar words such as their own name.
6. Attempt to read or pretend to read what they have written to friends, family members, and others.
7. Show beginnings of a sense of the need to look over and modify their writings and drawings (e.g., adding to picture or writing).
8. Develop greater control over the physical skills needed to write letters and numbers.

**3. Early Learning Expectation:** *Children develop abilities to express themselves clearly and communicate ideas to others.* [HSCOF-LD 1.2.1, 1.2.2, 1.2.3, 1.2.4; L 2.1.1, 2.1.2, 2.1.4, 2.2.3] [GLCE-R.WS.00.01-.02, .10; R.CN.00.01-.04; R.DS.00.01-.04]

**Children typically:**

1. Use spoken language for a variety of purposes (e.g., to express feelings, to ask questions, to talk about their experiences, to ask for what they need, to respond to others).
2. Show increasing comfort and confidence when speaking.
3. Experiment and play with sounds (e.g., rhyming, alliteration, playing with sounds, and other aspects of phonological awareness).
4. Continue to develop vocabulary by using words learned from stories and other sources in conversations.
5. Speak in increasingly more complex combinations of words and in sentences.
6. Understand the roles of the participants in conversation (e.g., taking turns in conversation and relating their own comments to what is being talked about; asking relevant questions).
7. Take part in different kinds of roles as a speaker (e.g., part of a group discussion, role playing, fantasy play, storytelling and retelling).
8. Use nonverbal expressions and gestures to match and reinforce spoken expression.

9. Show progress in speaking both their home language and English (if non-English-speaking children).
10. If appropriate, show progress in learning alternative communication strategies such as sign language.

**4. Early Learning Expectation:** *Children grow in their capacity to use effective listening skills and understand what is said to them.* [HSCOF-LD 1.1.1, 1.1.2, 1.1.4] [GLCE-R.CN.00.01-.05]

**Children typically:**

1. Gain information from listening (e.g., to conversations, stories, songs, poems).
2. Show progress in listening to and following spoken directions.
3. Show progress in listening attentively, avoiding interrupting others.
4. Respond with understanding to speech directed at them.
5. Understand the concept and role of an audience (e.g., being part of an audience, being quiet, being considerate, looking at the speaker).
6. Understand and respond appropriately to non-verbal expressions and gestures.
7. Show progress in listening to and understanding both their home language and English (if non-English-speaking children).

**5. Early Learning Expectation:** *Children begin to develop strategies that assist them in viewing a variety of multimedia materials effectively and critically.*

**Children typically:**

1. View multimedia materials for a variety of purposes (e.g., to gain information, for pleasure, to add to their understanding of written materials).
2. Use different strategies for understanding multimedia (e.g., making predictions using what they already know, using the structure of the media, linking themselves and their experiences to the content of the media, asking relevant questions).
3. Begin to compare information across sources, question the content and producer's choices, and discriminate between fantasy and reality (critical viewing).

**6. Early Learning Expectation:** *Children develop positive attitudes about themselves as literate beings--as readers, writers, speakers, viewers, and listeners.*

**Children typically:**

1. Choose to read, write, listen, speak, and view for enjoyment and information, and to expand their curiosity.

**7. Early Learning Expectation:** *Children begin to understand that communication is diverse and that people communicate in a variety of ways.*

**Children typically:**

1. Understand that some people communicate in different languages and other forms of English.
2. Become aware of the value of the language used in their homes.



3. Become aware of alternate forms of communication (e.g., Braille, sign language, lip reading).
4. Begin to understand the value and enjoyment of being able to communicate in more than one language or form of communication.

## Creative Development

The creative arts include the visual arts (drawing, painting, ceramics, sculpture, printmaking, fiber, and multimedia), instrumental and vocal music, creative movement, and dramatic play (puppetry, story telling, mime, and role playing). Support for children's creative development is essential to foster their appreciation of the arts and their competence, self-reliance, and success. Children's learning in all domains is enhanced by the integration of the creative arts with other areas of the curriculum. Teachers who encourage creativity nurture self-esteem and mutual respect. Children whose questions, individuality, and originality are honored see themselves as valued persons who can succeed in school and life.

1. **Early Learning Expectation:** *Children show how they feel, what they think, and what they are learning through experiences in the visual arts.* [HSCOF-CD 5.2.1, 5.2.2]

**Children typically:**

1. Can use their own ideas to draw, paint, mold, and build with a variety of art materials (e.g., paint, clay, wood, materials from nature such as leaves).
2. Begin to plan and carry out projects with increasing persistence.
3. Begin to show growing awareness and use of artistic elements (e.g., line, shape, color, texture, form).
4. Create representations that contain increasing detail.

2. **Early Learning Expectation:** *Children show how they feel, what they think, and what they are learning through listening, participating in, and creating instrumental and vocal music experiences.* [HSCOF-CD 5.1.1, 5.1.2]

**Children typically:**

1. Participate in musical activities (e.g., listening, singing, finger plays, singing games, and simple performances) with others.
2. Begin to understand that music comes in a variety of musical styles.
3. Begin to understand and demonstrate the components of music (e.g., tone, pitch, beat, rhythm, melody).
4. Become more familiar with and experiment with a variety of musical instruments.

3. **Early Learning Expectation:** *Children show how they feel, what they think, and what they are learning through movement experiences.* [HSCOF-CD 5.3.1, 5.3.2]

**Children typically:**

1. Can respond to selected varieties of music, literature, or vocal tones to express their feelings and ideas through creative movement.
2. Begin to show awareness of contrast through use of dance elements (e.g., time: fast/slow; space: high/middle/low; energy: hard/soft).
3. Begin to identify and create movement in place and through space.

- 4. Early Learning Expectation:** *Children show how they feel, what they think, and what they are learning through dramatic play.* [HSCOF-CD 5.4.1, 5.4.2]

**Children typically:**

1. Grow in the ability to pretend and to use objects as symbols for other things.
2. Use dramatic play to represent concepts, understand adult roles, characters, and feelings.
3. Begin to understand components of dramatic play (e.g., body, voice).
4. Contribute ideas and offer suggestions to build the dramatic play theme.
5. Begin to differentiate between fantasy and reality.

- 5. Early Learning Expectation:** *Children develop rich and rewarding aesthetic lives.* [HSCOF-CD 5.2.4]

**Children typically:**

1. Develop healthy self-concepts through creative arts experiences.
2. Show eagerness and pleasure when approaching learning through the creative arts.
3. Show growing satisfaction with their own creative work and growing respect for the creative work of others.
4. Can use alternative forms of art to express themselves depending on the avenues available to them (e.g., through the visual arts, if hearing impaired; through listening to music, if physically impaired).
5. Are comfortable sharing their ideas and work with others.
6. Use the creative arts to express their view of the world.
7. Begin to develop their own preferences for stories, poems, illustrations, forms of music, and other works of art.
8. Begin to appreciate their artistic heritage and that of other cultures.
9. Can talk about their creations with peers and adults.
10. Begin to develop creative arts vocabulary.

## Physical Development and Health

Good physical health and well-being, and a safe environment contribute to improved learning (e.g., cognitive skills, the promotion of agility and strength, neural processing, kinesthetic confidence, general body competence, and overall autonomy). Physical development (fine and gross/large motor) is important to the achievement of general health. Gross motor development enhances body awareness, understanding of spatial relationships, and cognitive growth. Fine motor development fosters dexterity as well as coordination of the hand and eye when using the small muscles of the fingers and hands in a variety of activities.

Children learn to value their bodies and keep themselves healthy and safe. In the preschool years children improve movement skills, cooperative and social interaction skills, and develop greater knowledge about the importance of physical activity and exercise. They begin to learn that their behavior affects their health and safety and recognize that not all children can participate in activities in the same way.

### ***PHYSICAL DEVELOPMENT***

1. **Early Learning Expectation:** *Children increase their ability to understand and control their bodies and learn that regular physical activity can enhance their overall physical, social, and mental health.* [HSCOF-PDH 8.3.2]

#### **Children typically:**

1. Begin to recognize and learn the names of body parts and their locations.
2. Begin to understand spatial awareness for themselves, others, and their environment.
3. Participate actively and on a regular basis, in games, outdoor play, and other forms of exercise that enhance physical fitness.

2. **Early Learning Expectation:** *Children experience growth in gross motor development and use large muscles to improve a variety of gross motor skills in both structured and unstructured settings.* [HSCOF-PDH 8.2.1, 8.2.2, 8.3.1]

#### **Children typically:**

1. Begin or continue to develop traveling movements such as walking, climbing, running, jumping, hopping, skipping, marching, and galloping.
2. Show their ability to use different body parts in a rhythmic pattern.
3. Show increasing abilities to coordinate movements (e.g., throwing, catching, kicking, bouncing balls, using the slide and swing) in order to build strength, flexibility, balance, and stamina.

- 3. Early Learning Expectation:** *Children experience growth in fine motor development and use small muscles to improve a variety of fine motor skills both in structured and unstructured settings.* [HSCOF-PDH 8.1.1, 8.1.2, 8.1.3]

**Children typically:**

1. Develop and refine motor control and coordination, eye-hand coordination, finger/thumb and whole-hand strength coordination and endurance using a variety of age-appropriate tools (e.g., scissors, pencils, markers, crayons, blocks, putting together puzzles, using a variety of technology).
2. Use fine motor skills they are learning in daily activities (e.g., dressing themselves).

- 4. Early Learning Expectation:** *Children participate in activities that encourage self-motivation, emphasize cooperation, and minimize competition.*

**Children typically:**

1. Learn to cooperate with others through games and other activities and actions that show a growing knowledge of the rights of others.
2. Take pride in their own abilities and increase self-motivation.
3. Begin to develop an appreciation and respect for the varying physical abilities and capabilities of others.

## ***HEALTH, SAFETY, AND NUTRITION***

- 5. Early Learning Expectation:** *Children begin to have knowledge about and make age-appropriate healthy choices in daily life.* [HSCOF-PDH 8.3.3, 8.3.4]

**Children typically:**

1. Show growing independence in keeping themselves clean, personal care when eating, dressing, washing hands, brushing teeth, use of tissues for nose-blowing (and their disposal), and toileting.
2. Grow in understanding of the importance of good health and its relationship to physical activity.
3. Talk about ways to prevent spreading germs and diseases to other people.
4. Develop an understanding of basic oral hygiene.
5. Begin to be able to recognize activities that contribute to the spread of communicable diseases (e.g., sharing of cups, eating utensils, hats, clothing, foods).
6. Can begin to recognize some symptoms of disease or health issues (e.g., a sore throat is not a “sore neck”) and common instruments used in diagnosing disease (e.g., thermometer, x-ray machines).
7. Begin to become aware of activities, substances, and situations that may pose potential hazards to health [e.g., smoking, poisonous materials, edible, non-edible items (e.g., plants/berries), medications (appropriate use of)].

**6. Early Learning Expectation:** *Children recognize that they have a role in preventing accidents or potential emergencies.*

**Children typically:**

1. Begin to learn appropriate safety procedures (e.g., in the home, at school, as a pedestrian, outdoors, on the playground, with vehicles, with bicycles, around bodies of water).
2. Identify persons to whom they can turn for help in an emergency situation.
3. Begin to know important facts about themselves (e.g., address, phone number, parent's name).
4. Become aware of issues relative to personal safety (e.g., inappropriate touching, good and bad secrets, learning how to say 'No' to inappropriate touching by any other person, recognizing when to tell an adult about an uncomfortable situation).
5. Begin to learn the correct procedure for self-protection in emergency situations (e.g., tornados, fire, storms, gun fire, chemical spills, avoidance of other's blood and vomit).

**7. Early Learning Expectation:** *Children become aware of and begin to develop nutritional habits that contribute to good health.*

**Children typically:**

1. Grow in their understanding of the importance of eating nutritious meals and snacks at regular intervals.
2. Begin to listen to body signals of hunger and fullness, learn to choose how much to eat at meals and snacks, and are able to convey their needs for food to adults.
3. Use age/developmentally-appropriate eating utensils safely and correctly.
4. Become aware of foods that cause allergic reactions for some children and/or other dietary needs or restrictions.

## Early Learning in Mathematics

Young children's early understandings of mathematics are broad in scope and extend well beyond numbers and counting. Problem solving is the central focus of the mathematics curriculum from the early years onward. How children's early understandings are supported and extended by their parents and caregivers/teachers enable them to use and expand their knowledge. Mathematical experiences involving interactions with the environment, materials, peers and supportive adults give children opportunities to build, modify, and integrate simple mathematical concepts.

1. **Early Learning Expectation:** *Children begin to develop processes and strategies for solving mathematical problems.* [HSCOF-M 3.1.1, 3.1.2]

**Children typically:**

1. Try to solve problems in their daily lives using mathematics (e.g., how many napkins are needed).
2. Generate new problems from every day mathematical situations and use current knowledge and experience to solve them (e.g., distribute crackers).
3. Begin to develop and use various approaches to problem solving based upon their trial and error experiences.
4. Begin to talk about the processes and procedures they used to solve concrete and simple mathematical situations.

2. **Early Learning Expectation:** *Children begin to develop skills of comparing and classifying objects, relationships and events in their environment.* [HSCOF-M 3.2.4, 3.2.1, 3.3.2, 3.3.3]

**Children typically:**

1. Can describe, match, and sort.
2. Identify likenesses and differences.
3. Can place objects or events in order, according to a given criterion (e.g., color, shape, size, time).
4. Recognize that the same group can be sorted and classified in more than one way.
5. Can describe why they group or sequence in a particular way.

3. **Early Learning Expectation:** *Children begin to develop the ability to seek out and to recognize patterns in everyday life.*

**Children typically:**

1. Recognize, describe, copy, extend, and create simple patterns with real objects and through pictures.
2. Identify patterns in their environment.
3. Investigate patterns and describe relationships.
4. Recognize patterns in various formats (e.g., things that can be seen, heard, felt).

- 4. Early Learning Expectation:** *Children begin to develop skills of sorting and organizing information and using information to make predictions and solve new problems.*

**Children typically:**

1. Can generate problems that involve predicting, collecting, and analyzing information.
2. Use simple estimation to make better guesses.

- 5. Early Learning Expectation:** *Children explore and discover simple ways to measure.* [HSCOF-3.3.4, 4.2.3] [GLCE-M.UN.00.01-.05]

**Children typically:**

1. Show an awareness that things in their environment can be measured.
2. Begin to understand concepts of weight.
3. Show an awareness of the concept of time, beginning with the recognition of time as a sequence of events.
4. Recognize personal time as it relates to their daily life (e.g., breakfast, snack).
5. Show an awareness of temperature as it affects their daily lives.
6. Use beginning skills of estimation in solving everyday measurement problems (e.g., about how many cookies are needed for a small group of children).
7. Begin to use non-standard (e.g., length of hand) measures for length and area of objects.
8. Begin to understand that tools (e.g., rulers, scales, counters) can be used to measure properties of objects and amounts.

- 6. Early Learning Expectation:** *Children can translate a problem or activity into a new form (e.g., a picture, diagram, model, symbol, or words) by applying emerging skills in representing, discussing, reading, writing, and listening.* [HSCOF-M 4.1.2]

**Children typically:**

1. Participate regularly in informal conversations about mathematical concepts and number relationships.
2. Talk about their own mathematical explorations and discoveries using simple mathematical language and quantity-related words.
3. Show growth in understanding that number words and numerals represent quantities.
4. Begin to use symbols to represent real objects and quantities.
5. Make progress from matching and recognizing number symbols to reading and writing numerals.
6. Recognize that information comes in many forms and can be organized and displayed in different ways.
7. Begin to record their work with numbers in a variety of simple concrete and pictorial formats, moving toward some use of number symbols.
8. Begin to understand that simple concrete and representational graphs are ways of collecting, organizing, recording, and describing information.



- 7. Early Learning Expectation:** *Children begin to develop an understanding of numbers and explore simple mathematical processes (operations) using concrete materials.* [HSCOF-M 3.1.3, 3.1.4, 3.1.5, 3.1.6] [GLCE-N.ME.00.01-.10]

**Children typically:**

1. Develop an increasing interest and awareness of numbers and counting as a means for determining quantity and solving problems.
2. Match, build, compare, and label amounts of objects and events (e.g., birthdays in the week) in their daily lives.
3. Make progress in moving beyond rote counting to an understanding of conceptual counting (one-to-one correspondence).
4. Recognize and match number symbols for small amounts with the appropriate amounts.
5. Show progress in linking number concepts, vocabulary, quantities and written numerals in meaningful ways.
6. Use cardinal (e.g., one, two) and ordinal (e.g., first, second) numbers in daily home and classroom life.
7. Understand how numbers can be used to label various aspects of their lives (e.g., house number, phone number, ages of classmates).
8. Develop an increasing ability to count in sequence up to ten and beyond.
9. Begin to describe comparative relationships (e.g., more/less/same number of objects or quantities).
10. Begin to develop the ability to solve problems involving joining, separating, combining, and comparing amounts when using small quantities of concrete materials.

- 8. Early Learning Expectation:** *Children build their visual thinking skills through explorations with shape and the spaces in their classrooms and neighborhoods.* [GLCE-G.GS.00.01-.03]

**Children typically:**

1. Can make models, draw, name, and/or classify common shapes and verbally describe them in simple terms.
2. Investigate and begin to predict the results of combining, subdividing, and changing shapes.
3. Begin to recognize and appreciate geometric shapes in their environment.
4. Begin to build an understanding of directionality, order, and positions of objects through the use of words (e.g., up, down, over, under, top, bottom, inside, outside, in front of, behind).

## Early Learning in Science

A science program for young children provides them with a better understanding of the world around them and how it works through building on their natural sense of wonder and curiosity. Early learning expectations for science model the nature of scientific inquiry which has at its core the opportunity to ask and answer questions and apply problem-solving skills. Children bring their emerging skills in mathematics to their experiences and use their growing abilities in representing ideas through language and the creative arts to portray their scientific knowledge.

The early science program uses active hands-on experiences to foster positive attitudes toward science and form the basis for later and more sophisticated understandings. This requires adults to model the same attitudes and sense of wonder about the world around them.

1. **Early Learning Expectation:** *Children develop positive attitudes and gain knowledge about science through observation and active play.* [HSCOF-S 4.1.1, 4.1.3, 4.1.4]

### **Children typically:**

1. Demonstrate curiosity about and interest in their natural environment that leads them to confidently engage in activities related to science.
2. Ask questions related to their own interest and observations.
3. Talk about their own predictions, explanations and generalizations based on past and current experiences.
4. Expand their observational skills (e.g., extending the time they observe, being able to describe and confirm their observations by using a variety of resources).
5. Begin to participate in simple investigations (e.g., asking questions manipulating materials; anticipating what might happen next; testing their observations to determine why things happen).

2. **Early Learning Expectation:** *Children show a beginning awareness of scientific knowledge related to living and nonliving things.* [HSCOF-4.2.1, 4.2.2]

### **Children typically:**

1. Demonstrate a growing ability to collect, talk about, and record information about living and non-living things (e.g., through discussions, drawings).
2. Begin to categorize living and nonliving things in their environment based on characteristics they can observe (e.g., texture, color, size, shape, temperature, usefulness, weight).
3. Use observation skills to build awareness of plants and animals, their life cycles (e.g., birth, aging, death) and basic needs (e.g., air, food, light, rest).
4. Begin to describe relationships among familiar plants and animals (e.g., caterpillars eat leaves).
5. Begin to describe the places in which familiar plants and animals in their neighborhood live (e.g., city, drainage ponds, parks, fields, forests).
6. Demonstrate greater knowledge and respect for their bodies (e.g., describe visible parts of the human body and their functions).

7. Observe and can describe and compare the motions of common objects in terms of speed and direction (e.g., faster, slowest, up, down).
8. Understand the way simple tools work through their play with common toys (e.g., wheels, pulleys, gears, screws).

**3. Early Learning Expectation:** *Children show a beginning awareness of scientific knowledge related to the earth.*

**Children typically:**

1. Can talk about observable characteristics of different seasons.
2. Can talk about the observable properties of earth materials (sand, rocks, soil, water) and living organisms.
3. Can talk about major features of the earth's surface (streams, hills, beaches) when found in the children's neighborhood and neighborhoods that they visit.
4. Begin to describe weather and its changing conditions (e.g., wind, rain, snow, clouds).
5. Talk about ways to be safe during bad weather.

## Early Learning in the Social Studies

Children study their social world from the moment of birth. By the time they are three- and four-years-old, children are becoming increasingly sophisticated in observing and understanding their social world (Chard, 1998). The preschool classroom is a perfect laboratory for children to learn the knowledge, skills, and attitudes required to live in an interdependent democratic society as adults. The balance of age appropriate content and the use of inquiry to learn more about the people in their families and neighborhoods, the earth they live on, the people who live on the earth, and the study of their histories, will give young children the skills they will need as citizens of a democracy. At this age, learning in the social studies is closely related to children's social emotional development.

1. **Early Learning Expectation:** *Children begin to understand and interpret their relationship and place within their own environment.* [HSCOF-SS 6.5.4]

### **Children typically:**

1. Include representations of various physical features (e.g., roads, bodies of water, buildings) in their play.
2. Use and understand words to indicate size.
3. Use and understand words for location and direction.

2. **Early Learning Expectation:** *Children begin to recognize that many different influences shape people's thinking and behavior.* [HSCOF-SS 6.5.2]

### **Children typically:**

1. Can talk about personal information (e.g., name; family members; and, by four, knowledge of personal traits, address, telephone number).
2. Begin to recognize themselves as unique individuals and become aware of the uniqueness of others.
3. Show an understanding of family and how families are alike and different.
4. Talk about ways members of a family can work together to help one another.
5. Begin to recognize that people celebrate events in a variety of ways.
6. Grow in understanding of and respect for differences among cultural groups, as well as their contributions to society.
7. Participate in creating their own classroom celebrations.

3. **Early Learning Expectation:** *Children show growth in their understanding of the concept of time and begin to realize that they are a part of a history, which includes people, places, events, and stories about the present and the past.*

### **Children typically:**

1. Use words to describe time (e.g., yesterday, today, tomorrow).
2. Can talk about recent and past events.

- 4. Early Learning Expectation:** *Children begin to learn about the reasons for rules and laws, the importance of a democratic process, and the responsibilities of being a member of a classroom, a family, and a community.*

**Children typically:**

1. Grow in their understanding of the need for rules for their learning environment.
2. Begin to understand consequences of following and breaking (disobeying) rules.
3. Can identify people (e.g., parents, teachers, bus drivers, lunchroom helpers) who have authority in their home and early learning programs (e.g., who helps them make rules, who tells them when they are breaking a rule, who helps enforce rules).

- 5. Early Learning Expectation:** *Children increase their understanding about how basic economic concepts relate to their lives. [HSCOF-SS 6.5.3]*

**Children typically:**

1. Can talk about some of the workers and services in their community.
2. Can talk about some of the ways people earn a living.
3. Begin to understand that people pay for things with a representation of money (e.g., currency, checks, debit cards, credit cards).
4. Make simple choices about how to spend money.

- 6. Early Learning Expectation:** *Children increase their understanding of the relationship between people and their environment and begin to recognize the importance of taking care of the resources in their environment.*

**Children typically:**

1. Begin to identify what families need to thrive (e.g., food, shelter, clothing, love).
2. Can participate in improving their environment (e.g., pick up litter, recycle, plant trees and flowers, conserve lights, water and paper).

## Early Skills in Using Technology

Technology is an everyday part of today's society, its influence continues to increase, and it will be an increasing feature of the future lives of today's young children. Technology is a broad term which includes a variety of tools (e.g., cameras, recorders and players, computers, telephones, Internet Web sites, electronic storybooks, and television). Recent research supports young children's age-appropriate use of technology to support and extend learning and development under the guidance of adults who understand how to use it appropriately. However, technology should never dominate the learning environment nor replace the opportunity for children to have direct experience with peers, adults, and/or real materials.

### **1. Early Learning Expectation:** *Children explore and use various types of technology tools.*

#### **Children typically:**

1. Can describe and creatively use a variety of technological tools independently or with peer or adult help.
2. Understand that technology tools can be used throughout the day.
3. Follow simple directions to use computers and other technology tools.

### **2. Early Learning Expectation:** *Children can name various components of computer systems and use various input devices.*

#### **Children typically:**

1. Can name components (e.g., screen, printer, mouse, disks, CD, keyboard).
2. Use adaptive devices to operate a software program as necessary.

### **3. Early Learning Expectation:** *Children work cooperatively with others while using technology tools.*

#### **Children typically:**

1. Talk, ask questions, solve problems, and share ideas with peers and adults, when using computers and other technology tools.
2. Work cooperatively when other children are present at the computer.
3. Begin to state and follow rules for using the computer.

### **4. Early Learning Expectation:** *Children demonstrate responsible handling of technology equipment.*

#### **Children typically:**

1. Can keep foreign materials (e.g., play dough, water, paint, crayons, chalk, and small toys) away from equipment surfaces and openings.
2. Can learn to handle equipment gently and avoid dropping items.
3. Can learn to avoid turning computers off during operation.

## Glossary

[LRCCC-R400.5101]

**Administrative/Supervisory Personnel:** Personnel at the program and/or local district level (e.g., program directors, specialists, and school district level or building principals/administrators/supervisors) who are responsible for administering, supervising, and leading early childhood education program services, activities, and instructional staff.

**Advisory Council:** A volunteer group convened to advise the program leaders regarding planning, development, implementation, and evaluation of the early childhood program. The advisory council is typically comprised of parents and interested community members. Advisory councils may be established as a requirement of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.

**Age Appropriate:** Experiences and a learning environment that are designed to match predictable stages of children's growth and development across all domains (social, emotional, intellectual, language, creative, and physical).

**Assessment:** A systematic procedure for obtaining information from observation, interviews, portfolios, projects, tests, and other sources that can be used to make judgments about characteristics of children or programs.

**Assistive Technology:** Any item, piece of equipment, product or system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of anyone with disabilities.

**Auxiliary Staff:** Personnel who are responsible for delivering support services offered by the program and/or required by federal or state regulations (e.g., nurses, Title I staff, special education consultants, speech/language therapists, school psychologists, social workers).

**Child Development Associate Credential (CDA):** Nationally recognized performance-based credential awarded through the Council for Early Childhood Professional Recognition, an independent subsidiary of the National Association for the Education of Young Children. A CDA credential is awarded for competence in working with children birth to five years of age and is roughly equivalent to completing one year of college level work in early childhood.

**Child-initiated:** Experiences which offer children a wide range of opportunities to directly experience and manipulate new ideas and objects (e.g., choosing from a variety of activities throughout the day; creating their own ideas for art projects, block constructions, or dance improvisations; creative play materials which encourage children to question, experiment, and pretend).

**Collaboration:** Initiatives which involve people from different agencies/programs joining together to work toward a common goal. The result is a shared endeavor with members eventually committing themselves as much to the common goal as to the interests of participating agencies. Agency autonomy is therefore limited, and the effort involves high contact (including the potential for high conflict) and is usually quite conspicuous to the outside world. An example would be the decision to build and jointly operate a community center that houses school, recreational, and social service components.

**Community Collaborative Council:** An organized group representative of the community and its family- and child-serving programs. Such a council typically serves as a communication link among programs and provides direction in planning, developing, implementing, and reviewing the early childhood education initiatives within the community.

**Development and Learning:** The process of change in which the child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically determined characteristics and the learning process. Learning is the process of acquiring knowledge, skills, habits and values through experience and experimentation, observation, reflection, and/or study and instruction.

**Developmentally Appropriate Practice:** The process of making decisions about the education and care of children based on the following information:

- The widely divergent growth, development, and learning patterns of typically and atypically developing children
- What is known about the strengths, interests and needs of each individual child
- Widely accepted understanding of how children learn most successfully
- Knowledge of the social and cultural contexts in which children live.

Effective teachers combine knowledge about the typical growth patterns of all children with careful study of the characteristics of each child in a particular group. The most effective learning takes place in that zone of children's development which is just beyond what a child can currently do with comfort, but is not so challenging that frustration and failure are the likely results. Based on continuous assessment, teachers make instructional decisions that lead to the greatest possible growth in each child's knowledge and skills and that support positive dispositions toward learning.

**Early Childhood Education and Care:** Provision of purposeful programs and services, public or private, aimed at guiding and enhancing the social, emotional, intellectual, language, creative, and physical development of young children.

**Early Childhood Special Education (formerly Pre-Primary Impaired—PPI):** Federally and state mandated services for children with verified disabilities. These services may be provided in a self-contained classroom operated through a local school district or intermediate agency or in an inclusive setting at the local district or community level.

**Early Childhood Specialist:** A qualified person employed by or available to an early childhood program who has responsibility for the evaluation of the program and the instructional staff.



**Early Childhood (ZA) Endorsement:** Endorsement on an elementary teaching certificate recommended by Michigan colleges and universities upon completion of a twenty-hour early childhood education program. May be required by the Michigan Department of Education or other funders for some preschool/prekindergarten programs.

**Early Learning Expectation:** Statements that describe expectations for the learning and development of young children across the domains (social, emotional, intellectual, language, creative, and physical).

**Evaluation:** The measurement, comparison, and judgment of the value, quality or worth of children's work and/or of their schools, teachers, or a specific educational program based upon valid evidence gathered through assessment.

**Evidence-based Practice:** The consideration of family values, craft knowledge, and empirical research in the formation of the program's philosophy, curriculum, and operating practices.

**Family:** People related to each other by blood, marriage, adoption, or legal guardianship. Family members include biological parents (custodial and non-custodial), adoptive parents, foster parents, step-parents, grandparents and other relatives of significance to the child, and all siblings (half, step, full). In addition, any individual who has extensive contact with the child and/or is a significant person in the child's life could be included.

**Family Collaboration/Partnership:** Refers to respecting family members as equal partners in all phases of the early childhood program. Families are integrated into the early childhood program through opportunities to plan and participate in all stages of program development and implementation. Supportive opportunities encourage family members to expand their knowledge of child development, increase parenting skills, extend children's learning at home, and utilize community resources.

**Family Literacy:** Programs which serve the entire family and which involve parents and children in interactive literacy activities, training for parents regarding how to be the primary teacher for their children, adult literacy, and an early childhood program.

**Grade Level Content Expectations (GLCEs):** Statements of essential knowledge and skills for K-12 developed to respond to the federal No Child Left Behind Act of 2001 requirement that states implement grade level assessments based on rigorous academic standards. GLCEs do not represent the entire richness of a curriculum, but do highlight that which is essential for all students to know and be able to do.

**Head Start Child Outcome Standards:** A framework of outcome statements which apply to the federal Head Start program including eight domains, 27 domain elements, and related indicators intended to be reflective of what children should know or be able to do by the end of Head Start or entry into kindergarten.

**Head Start Performance Standards:** Quality standards which apply to the federal Head Start program and which address all aspects of early childhood development and health services, family and community partnerships, and program design and management.

**Inclusion:** The principle of enabling all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. Natural settings include the home and local early childhood programs.

**Individualized Education Plan (IEP):** A written education plan for a child with disabilities developed by a team of professionals and the child's parent(s); it is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

**Individualized Family Service Plan (IFSP):** Refers both to a process and a written document required to plan appropriate activities and interventions that will help a child with a disability (birth through age two) and his or her family progress toward desired outcomes.

**IDEA - Individuals with Disabilities Education Act:** A federal program that provides funding to states to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infants and Toddlers Program (known as Part C of IDEA) for services to children birth through two years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages three to five.

**Instructional specialists:** Professional staff who work collaboratively with the classroom teacher in areas such as the visual arts, music, physical education, library-media, and technology.

**Integrated approach:** Children's learning activities and experiences presented through projects or thematic units involving many areas of the curriculum instead of through isolated subject areas.

**Learning environment:** Physical representation of the curriculum which includes the climate, teaching practices, and materials and equipment.

**Michigan School Readiness Program:** Michigan's targeted, publicly-funded prekindergarten program for four-year-old children who may be "at risk" of school failure. Each child must have two of the 25 identified risk factors; more than 50 percent of the children must be low income. Both center-based and home-based models are available. All programs must provide strong family involvement/parent education components as well as preschool education.

**Non-paid Personnel:** Parents and other volunteers.

**Paraprofessional:** An individual who works under the supervision of a teacher; also, associate or assistant teacher.

**Parent Involvement:** An early childhood program component which recognizes the central role of parents in their children's development and establishes a working partnership with each parent through written information, orientation to the program, home visits, and through regular opportunities for dialogue via parent conferences, participation on advisory committees, needs assessments, participation as classroom volunteers, and flexible scheduling of meetings and events.

**Professional Development:** Refers to opportunities for early childhood staff to receive ongoing training to increase their preparation and skills to care for and educate children. These include in-service training, workshops, college courses and degree programs, teacher exchanges, observations, coaching, seminars, mentoring, and credentialing programs.

**Program: Refers to early childhood education and care settings including** Department of Education administered early childhood programs (e.g., the Michigan School Readiness Program, Title 1 preschool programs, Even Start Family Literacy Program, programs serving children with disabilities), the state's Head Start program, community-based for-profit and non-profit child and preschool programs.

**Program Standard:** Widely accepted expectations for the characteristics or quality of early childhood settings in homes, centers and schools. Such characteristics typically include the ratio of adults to children; the qualifications and stability of the staff; characteristics of adult-child relationships; the program philosophy and curriculum model, the nature of relationships with families; the quality and quantity of equipment and materials; the quality and quantity of space per child, and safety and health provisions.

**Public Act 116:** Licensing rules for child care centers promulgated by the authority of Section 2, of Act Number 116 of Public Acts of 1973 to the Michigan Department of Social Services which set forth the minimum standards for the care and protection of children. The rules apply to agencies, centers, or public and private schools providing child care services (Head Start, preschool full-day child care, before-and after-school, less than 24 hours) to children aged 2 ½ weeks to 13 years.

**Screening:** The use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks.

**Standardized Assessment Tool:** A testing instrument that is administered, scored, and interpreted in a standard manner. It may be either norm-referenced or criterion-referenced.

**Support Staff:** Persons, whether paid or volunteer, employed by the program in such positions as food service, clerical, custodial, and transportation.

**Teacher:** The qualified person assigned the primary responsibility for planning and carrying out the program within an early childhood classroom. The teacher may work in partnership with

other teachers or with paraprofessionals and has primary responsibility for the planning, organizing, and managing all aspects of the classroom learning environment; the assessment, diagnosis, and reporting of the individual learning and developmental needs of the children; and the establishment of cooperative relationships with families and colleagues.

**Test:** One or more questions, problems, and/or tasks designed to estimate a child's knowledge, understanding, ability, skill and/or attitudes in a consistent fashion across individuals. Information from a test or tests contributes to judgments made as a part of an assessment process.

**Transition:** (1) Procedures and activities that support the family and facilitate the child's introduction to new learning environments (e.g., home to school, from preschool to kindergarten, from one school to another, from one grade to another, and from one country to another). (2) Within the program's daily schedule, transition also refers to the process of shifting from one activity or place to another.

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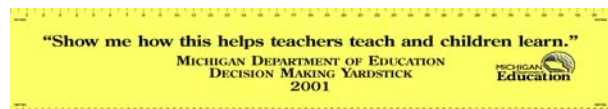


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**Note:** The developers wish to acknowledge the work of similar groups in many states. The guidelines and standards documents from other states were an invaluable resource in completing this work. A compendium of such documents may be found at *Building a System of Standards to Support Successful Early Learners: The Relationship Between Early Learning Standards, Program Standards, Program Quality Measures and Accountability* retrieved 11-01-04, from [http://www.ccsso.org/projects/scass/projects/early\\_childhood\\_education\\_assessment\\_consortium/publications\\_and\\_products/3688.cfm](http://www.ccsso.org/projects/scass/projects/early_childhood_education_assessment_consortium/publications_and_products/3688.cfm).

**Model Standards for  
Out-of-School Time Programs  
in Michigan**

**Michigan State Board of Education  
February 27, 2003**





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## INTRODUCTION

In fiscal years 2000/2001 and 2001/2002, Early Childhood and Parenting Programs of the Michigan Department of Education (MDE), in collaboration with the Family Independence Agency (FIA), funded a Super Pilot Out-of-School Time (OST) project. The purpose of this project was to improve quality, increase sustainability, and evaluate the effectiveness of strategies utilized by OST programs to develop and enhance quality. This project was also charged with the task of identifying best practices, creating an operations manual for use by school districts developing OST programs, and developing an evaluation protocol for use with OST programs. The original charge was to develop these tools for schools. They will be available and appropriate for all OST programs.

A committee was formed from MDE and three school districts representing geographically diverse urban, rural and small town populations. These representative districts employ directors with leadership roles in statewide professional organizations and have made a commitment to quality through National School-Age Care Alliance accreditation. The OST committee was charged with the task of writing model standards for quality OST programming. The standards may be used as a framework for the design and implementation of high-quality programs that meet the specific and different needs of children during the hours outside of the school day. This committee began in August 2001 and concluded its assignment in June 2002. The committee's extensive research and practical knowledge of a combined 95 years of experience in OST programs resulted in a draft of this document.

On June 13, 2002, the Michigan State Board of Education adopted the recommendations of its Task Force on Integrating Communities and Schools. One of the recommendations was to develop and disseminate model standards for programs offered during out-of-school time. In September of 2002, the State Board of Education approved the draft document for the purpose of accepting public comment.

The draft document was circulated widely in the fall of 2002, with comments accepted by mail, e-mail, and at five public meetings. Subsequently, P.A. 695 of 2002 was enacted, requiring the Department of Education to develop model standards for before and after school programs for students in grades K-8. The committee, with additional members, reconvened in January 2003 to consider the public comments and to make revisions consistent with the new law. The Department of Education then met with the Department of Consumer and Industry Services to collaborate on the content as required by the new law.

This document is designed to assist schools and other organizations in developing high-quality comprehensive out-of-school time programs for students who attend elementary and middle schools. The standards presented are based on research concerning quality programs for school-age children. These standards are not meant to be comprehensive for programs serving high school students, who have diverse interests and demands on their out-of-school time. However, many of the standards may be applicable to programs for these older students. This document will assist local administrators in their efforts to implement high-quality programs for students in comprehensive OST programs. A section on single-purpose programs indicates which standards should be followed in programs that are not designed to be comprehensive.

P.A. 695 of 2002 sets out minimum requirements for out-of-school time programs in public schools that have been exempted from the Licensing Rules for Child Care Centers. Quality indicators required by that law for exempt programs are included in this document in bold type.

A set of critical components for out-of-school time programs is presented in this document as six distinct areas for which quality standards have been established. These components are:

- Health, Safety, and Nutrition;
- Human Relationships and Staffing;
- Indoor and Outdoor Environment;
- Program and Activities;
- Administration; and
- Single-Purpose Programs.

These standards define the recognized indicators of OST program quality. References are listed at the end of the document.

## DEFINITIONS

The Michigan legislation, in P.A. 695 of 2002, refers to before school, after school, times and days when there is no school due to teacher training, snow days, vacations, summer vacation, etc. as before and after school. This document uses the term “out-of-school” time (OST) to more fully describe all of these times. Comprehensive out-of-school time programs ideally include both Extended Learning Opportunities (ELO) to support the school day and School-Age Child Care (SACC) to support working parents. Comprehensive programs provide safe places for students when their parents are not available, but also provide academic support, enrichment activities, and youth development opportunities. According to Joan Lombardi, “...there is a growing interest in developing tutoring and mentoring programs after school to improve academic achievement. These services may be designed (and funded) to meet twice or three times a week for an hour or two after school. However, for working parents, such activities must be integrated into a program that also meets the needs of their children for adult supervision every afternoon.”<sup>1</sup> Some stand-alone single-purpose extracurricular programs may serve children who do not need comprehensive services, but some of the same guidelines and safeguards should be available for children at any time they are served by programs outside of school hours and not accompanied by their families.

## HOW TO USE THIS DOCUMENT

This document may be used as a guide to developing and evaluating out-of-school time programs for children in kindergarten through eighth grade. Programs that are legally exempt from following the Licensing Rules for Child Care Centers, as described in P.A. 695 of 2002 and P.A. 696 of 2002, must follow the sections in bold type and report to their communities as described in Standard V.B. Other standards are voluntary for all programs, except those programs specifically mandated by their funding to follow the standards. In most cases, the standards indicate very high quality. The Michigan Department of Education intends to follow-up this publication with an instrument for program monitoring and self-assessment. That instrument, when developed, will allow for various levels of quality and means to meet the quality indicated in each of the standards.

<sup>1</sup>Lombardi, J. *Time to Care, Redesigning Child Care to Promote Education, Support Families, and Build Communities*. Philadelphia: Temple University Press, 2003.

## Model Standards for Out-of-School Time Programs in Michigan

I. Health, Safety, and Nutrition	
<u>Standard:</u>	<u>Quality Indicators:</u>
A. The health, safety, and security of children and youth are protected.	<ul style="list-style-type: none"> <li><input type="checkbox"/> In school buildings, safety and health standards required during the school day are continued in the OST program.</li> <li><input type="checkbox"/> In programs that take place outside school buildings, health and safety regulations follow those of Licensing Rules for Child Care Centers.</li> <li><input type="checkbox"/> Children are supervised at all times, including arrival and departure.</li> <li><input type="checkbox"/> A system is in place to prevent unauthorized individuals from taking children from the program.</li> <li><input type="checkbox"/> Staff plans for different levels of supervision according to the level of risk involved in an activity.</li> <li><input type="checkbox"/> Equipment and facilities are checked daily and maintained in a safe fashion.</li> </ul>
B. Written policies and a training system are in place for emergencies.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff members are trained in accident prevention and in plans for emergencies. Plans are written and posted prominently. Staff members are trained in emergency practices and regular reviews of emergency plans are conducted. Michigan Department of Education and State Board of Education documents, standards, and recommendations regarding school safety are included in written safety plans.</li> <li><input type="checkbox"/> Contingency plans for emergencies, including closings, are communicated to families of students upon enrollment.</li> <li><input type="checkbox"/> A procedure for emergency communication with families (e.g. phone trees, e-mail and web postings, cell phone usage) is established and communicated.</li> <li><input type="checkbox"/> A phone is available at all times.</li> <li><input type="checkbox"/> Emergency family and medical contact information is maintained in the program and available to program staff at all times.</li> </ul>
C. Staff members are all trained to handle emergencies.	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Within three months of beginning to work in the program, each adult program staff member shall hold valid certification in CPR and basic first aid as issued by the American Red Cross, American Heart Association, or a comparable organization or institution approved by the Michigan Department of Education.</b> Training is updated to remain current.</li> <li><input type="checkbox"/> There is always an individual onsite who has current first aid training, CPR, and blood borne pathogens training.</li> </ul>
D. Positive policies and procedures ensure child and staff health.	<ul style="list-style-type: none"> <li><input type="checkbox"/> The environment is clean, and appropriate sanitation, disinfecting, and maintenance procedures are followed.</li> <li><input type="checkbox"/> Sick children and adults do not attend the program.</li> <li><input type="checkbox"/> The spread of illness is contained by proper hand washing procedures and other hygiene practices.</li> </ul>

E. Appropriate transportation rules are followed.	<input type="checkbox"/> Transportation provided to students follows regulations in the Revised School Code for transporting students to and from school. <input type="checkbox"/> Field trip transportation is arranged with the knowledge and consent of parents, and follows transportation rules required for school field trips or as required by child day care licensing for licensed programs. <input type="checkbox"/> Public Transportation is utilized in the manner approved in the Revised School Code or in Child Day Care Licensing Rules.
F. Proper procedures for the administration and handling of medication and individual medical procedures are developed.	<input type="checkbox"/> Procedures are written, implemented and distributed in program handbooks to staff and parents.
G. The program serves foods and drinks that meet the needs of children.	<input type="checkbox"/> After-school programs serve a minimum of one snack if children attend fewer than 2 ½ hours. Students who attend longer programs receive nutritional components commensurate with the time spent in the program, including either an additional snack or supper. <input type="checkbox"/> <b>Nutrition requirements are the same as those that apply to food service during the school day.</b> <input type="checkbox"/> Deprivation of food is never used as a punishment. <input type="checkbox"/> The program serves healthy foods and drinks. <input type="checkbox"/> The amount and type of food offered is appropriate for the ages and sizes of children. <input type="checkbox"/> Drinking water is readily available at all times.
H. Food is stored and prepared safely.	<input type="checkbox"/> <b>Food storage standards are maintained as required during the school day.</b> <input type="checkbox"/> Appliances for heating and cooling food are maintained in a safe manner.

## II. Human Relationships and Staffing

<u>Standard:</u>	<u>Quality Indicators:</u>
<p>A. Adult/Child Relationships</p> <ol style="list-style-type: none"> <li>1. Are authentic and positive</li> <li>2. Establish primary relationships</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff treat children respectfully, positively, and warmly.</li> <li><input type="checkbox"/> Children appear to be comfortable and happy in the program.</li> <li><input type="checkbox"/> Staff give attention to children and their individual needs, special interests, and abilities.</li> </ul>
<p>B. Child management is handled with care and respect, focusing on prevention and using methodology, which promotes positive self-esteem. Safeguards for children included in the Revised School Code pertain to out-of-school times.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff members are kind, fair, and caring to all children.</li> <li><input type="checkbox"/> Staff set appropriate, realistic limits that are consistently enforced.</li> <li><input type="checkbox"/> Staff model and encourage communication, cooperation, and conflict resolution.</li> <li><input type="checkbox"/> Corporal punishment is not allowed.</li> </ul>
<p>C. Staff to child ratios and group size are established to insure that authentic, helpful, and caring relationships can be established and maintained between children in the program and the staff. Required minimum staff to child ratios are maintained consistently; high-quality ratios are preferred.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adequate numbers of qualified staff are hired, trained, and on-site.</li> <li><input type="checkbox"/> <b>At least two adult staff members are present in the program at all times when children are present.</b> Adult staff members are individuals who are 18 years of age or older. A high school student who is 17 and in the final year of a high school career preparation program in child care may count as an adult.</li> <li><input type="checkbox"/> Groups of children do not exceed 30 in order to maintain a high-quality program. A group consists of those children and their program staff members who function as a unit for activities.</li> <li><input type="checkbox"/> <b>Minimum ratios:</b> <ul style="list-style-type: none"> <li>• <b>Grades K to 3—the lesser of one adult for 20 children or the average pupil to teacher ratio during school hours in regular K to 3 classrooms.</b></li> <li>• <b>Grades 4 to 8—the lesser of one adult for 25 children or the average pupil to teacher ratio during school hours in regular 4 to 8 classrooms.</b></li> </ul> </li> <li><input type="checkbox"/> High-quality ratios:           <ul style="list-style-type: none"> <li>• Grades K to 3—one adult for ten children.</li> <li>• Grades 4 to 8—one adult for 15 children.</li> </ul> </li> <li><input type="checkbox"/> Mixed-age groups follow the ratio requirement for the youngest children in the group.</li> <li><input type="checkbox"/> Sufficient staffing is available to meet minimum ratios in both locations when groups are split between indoor and outdoor activities.</li> </ul>
<p>D. Staff (program staff and administrative staff) develop open and supportive relationships focused on the needs of the program.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff members communicate and cooperate with each other consistently.</li> <li><input type="checkbox"/> Staff members support each other through shared planning, coordination, and flexibility.</li> <li><input type="checkbox"/> Staff members treat each other with respect and tolerance.</li> </ul>
<p>E. Staff composition and relationships with each other and the children regularly reflect sensitivity to diversity and gender equity.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The program policy prefers employment of staff members who reflect the languages, cultures, and genders of the children and families served.</li> <li><input type="checkbox"/> Staff training is provided in diversity.</li> <li><input type="checkbox"/> Staff members are sensitive to culture and gender.</li> </ul>

F. Policies and standards are developed and written related to staff qualifications for each position, including written job descriptions used in recruiting and hiring staff.	<input type="checkbox"/> A written job description is available for each position in the OST program, which includes the title and qualifications needed, job duties, and salary/benefit range. <input type="checkbox"/> The plan for staff selection includes checking prior references.
G. A written plan for recruitment, orientation, and retention of staff is developed and implemented.	<input type="checkbox"/> The written plan for recruitment, orientation and retention of paid, volunteer and community staff is in place prior to the start of a new program. This plan is consistent and used by administrators for implementation and decision-making. The plan is considered by board members and administrators in budget development. Orientation is planned to take place prior to staff working with children.
H. Each site has an adult site supervisor or director with decision-making responsibilities.	<input type="checkbox"/> The site supervisor/director is at least 21 years of age or has a bachelor's degree and experiential background including college-level work and/or experience in education, child development/child psychology, recreation, social work, youth development, community organization, or another field relevant to work with students during out-of-school times. <input type="checkbox"/> The site supervisor/director is available on-site when students are on-site.
I. A written plan for on-going staff development is implemented and budgeted for. This plan must include, at a minimum: <ul style="list-style-type: none"> <li>• child/youth development;</li> <li>• behavior management;</li> <li>• child/adult CPR/first aid/emergency procedures;</li> <li>• child abuse and neglect prevention and reporting;</li> <li>• record keeping; and</li> <li>• appropriate activities.</li> </ul>	<input type="checkbox"/> The plan for staff development is incorporated into the overall staff development plan for the school or agency, is reflected in the budget, and is based on an assessment of the needs of the program and the staff. Staff qualifications, as well as program evaluations, are taken into consideration and are consistently implemented. <input type="checkbox"/> <b>Within three months of beginning to work in the program, each adult program staff member shall hold valid certification in CPR and basic first aid as issued by the American Red Cross, American Heart Association, or a comparable organization or institution approved by the Michigan Department of Education.</b>
J. A written, board-approved compensation plan is developed to retain qualified staff and maintain quality programs.	<input type="checkbox"/> The written, board approved compensation plan is clearly related to the local market, staff qualifications, program quality, and staff retention. This plan is consistently implemented with short-term and long-term fiscal sustainability plans in place.

<p>K. All staff who work with children are physically/mentally able to perform outlined job duties and are free of criminal convictions.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff physicals are required prior to employment, and are updated at least every three years.</li> <li><input type="checkbox"/> <b>Criminal background checks are required prior to employment. Persons with felony convictions or misdemeanor convictions related to child abuse and/or neglect must not be employed. The Department of State Police is required to provide information to an OST program to the same extent as if the OST program were a school district.</b> <ul style="list-style-type: none"> <li>• If a school district, PSA or ISD uses its employees to staff the program, compliance with sections 1230 and 1230A of the Revised School Code is required, as if the person were being hired as a teacher.</li> <li>• If a school district, PSA, or ISD contracts for a program, the contract shall contain assurance that the contractor will comply with sections 1230 or 1230A of the Revised School Code before hiring a staff person, as if the person were being hired as a teacher.</li> <li>• A program not operated by or contracted for by a school district, PSA or ISD must follow the hiring requirements for staff indicated in the Licensing Rules for Child Care Centers.</li> </ul> </li> </ul>
<p>L. Staff evaluation is established and used for ongoing professional development.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Each staff member is evaluated semi-annually by the supervisor for the purpose of professional development. Staff evaluations are used to guide decision-making about professional development activities connected to program goals and objectives.</li> </ul>



III. Indoor and Outdoor Environment	
<b><u>Standard:</u></b>	<b><u>Quality Indicators:</u></b>
A. The indoor environment is established to offer a safe, comfortable, age-appropriate, stable facility with adequate space in which to carry out the program.	<input type="checkbox"/> There is specific space that is safe, clean, and comfortable with enough room (a minimum of 35 square feet per child) for all program activities. <input type="checkbox"/> The facility is arranged and furnished for a variety of learning and recreational activities, including space for active and quiet play, homework, and spaces for groups of children, and privacy for individual children. <input type="checkbox"/> There is adequate space for storage of equipment and materials, as well as personal possessions of children and staff. <input type="checkbox"/> <b>Indoor facilities are comparable to the rooms used by pupils during the regular school day.</b>
B. The outdoor environment is established to offer a safe and age-appropriate area for daily outdoor play and sports.	<input type="checkbox"/> There is adequate outdoor space available for large motor and sports activities daily. <input type="checkbox"/> Children may choose to use a wide variety of outdoor equipment and games for active and quiet play. <input type="checkbox"/> The National Playground Safety Standards are recommended when applicable.
C. All materials and equipment, both indoor and outdoor, are purchased and maintained to provide learning and play experiences that are age-appropriate, individually supportive and regularly offer multiple choices.	<input type="checkbox"/> All outdoor equipment and spaces are suitable for the sizes and abilities of all children and are maintained in a safe manner.
D. Materials and equipment provide an enriched environment with regularly refreshed materials (including enough, in good repair, covering a range of activities and ages).	<input type="checkbox"/> Enough materials and equipment are available to provide for at least three activity spaces per child. <input type="checkbox"/> There is a full range of learning and recreational equipment and materials (sand/water, woodworking, art, literacy, recreational materials, etc.). <input type="checkbox"/> Materials and equipment are available for a variety of choices, individual and group interests.
E. The environment is accessible to children and families with disabilities.	<input type="checkbox"/> Program is barrier-free.
F. The environment reflects the diversity represented in the population of the community and gender equity.	<input type="checkbox"/> Décor, materials and resources reflect family backgrounds and interests of children. <input type="checkbox"/> There are posters and photographs that reflect diverse populations. Materials and equipment are representative of a variety of cultures/populations.
G. The environment reflects various learning styles and abilities of all children.	<input type="checkbox"/> There is a variety of age-appropriate materials within active and quiet spaces to accommodate children's learning styles and abilities.

IV. Program and Activities	
<b><u>Standard:</u></b>	<b><u>Quality Indicators:</u></b>
A. Activities are planned and supported through resources which reflect the interests and abilities of the children enrolled and provide support for the school-day activities, especially supplementing the areas of development not regularly provided during the school day.	<input type="checkbox"/> <b>Resources are available and utilized to provide a variety of child-centered activities that increase the opportunities for children to develop in all areas (social, emotional, intellectual, academic, physical, and cultural).</b>
B. The comprehensive curriculum addresses the needs of the whole child, individual as well as group needs, and supports the school curriculum.	<input type="checkbox"/> Staff members demonstrate awareness of children's individual daily needs and learning styles and plan to accommodate them in daily programming. <input type="checkbox"/> There is a clear rationale for the activities chosen. <input type="checkbox"/> The program supports the school's School Improvement Plan. <input type="checkbox"/> Activities have educational, social-emotional, physical or life-skills outcomes.
C. Materials are of sufficient quantity and type to support the curriculum for all ages.	<input type="checkbox"/> A minimum of three developmentally appropriate activity choices are available for each child daily. The enriched environment includes a wide variety of multiple materials and equipment, which are available to children.
D. Program development and implementation is carried out in such a way to include significant child choice and involvement in planning.	<input type="checkbox"/> Staff give children many opportunities to choose what they will do, how they will do it, and with whom. <input type="checkbox"/> Children are included in the planning process. <input type="checkbox"/> Children are encouraged to offer ideas, take the initiative, and make suggestions.
E. Parents are appropriately involved in the planning, management, evaluation, implementation and improvement of the program.	<input type="checkbox"/> Multiple systems are in place for parents to be involved and to provide input regarding policies, procedures, curriculum, etc. <input type="checkbox"/> Multiple systems are in place for maintaining communication with parents. <input type="checkbox"/> Families and community members feel welcome, respected, and comfortable in the program. <input type="checkbox"/> Expectations for adult participation in the program are clearly communicated.
F. School day and OST activities are linked in ways that support the academic development of each individual child.	<input type="checkbox"/> OST programming includes developmentally appropriate academic support and enrichment activities that complement the school curriculum. <input type="checkbox"/> OST staff members work with individual teachers and parents to support children's homework needs. <input type="checkbox"/> OST staff members participate in school-wide activities and goals.

<p>G. Staff are educated on the character education curriculum components and can demonstrate their presence in annual programming.</p>	<p><input type="checkbox"/> Curriculum planning includes annually at least two or more of the following components:</p> <ul style="list-style-type: none"> <li>• service learning;</li> <li>• character development;</li> <li>• asset building;</li> <li>• leadership;</li> <li>• decision making skills for healthy choices;</li> <li>• peer activities—older with younger;</li> <li>• intergenerational activities; and</li> <li>• peer mediation.</li> </ul>
<p>H. Computer technology experience, which helps children become comfortable with both skills and materials, should be available at all ages.</p>	<p><input type="checkbox"/> Computers and age-appropriate software (or access to) are present in the program and used regularly by all participants.</p> <p><input type="checkbox"/> Computer and technology opportunities are consistent with State Board of Education policy, including the November 2001 report of the <i>Embracing the Information Age Task Force</i>.</p>
<p>I. The OST daily schedule provides for regular outdoor activities.</p>	<p><input type="checkbox"/> Each child has a chance to play outdoors at least 30 minutes each three-hour block of time, weather permitting.</p> <p><input type="checkbox"/> When weather does not permit outdoor participation, active indoor movement and games are offered.</p>

<b>V. Administration</b>	
<b><u>Standard:</u></b>	<b><u>Quality Indicators:</u></b>
A. Prior to developing a new program, a comprehensive needs assessment is conducted and the results are used in planning.	<input type="checkbox"/> A needs assessment is administered to prospective parents, school staff, and when appropriate, to children. Program development and implementation is based on the data.
B. Stakeholders, including parents, guardians and family members, school personnel, businesses, service organizations, and others, in the school and community are identified and involved and/or informed of the program, its benefit to the children and families, and the impact of the program on the community as a whole.	<input type="checkbox"/> OST staff, school staff, and members of the community conduct regular meetings to coordinate programming, curriculum, and goals. <input type="checkbox"/> Ongoing communication and linkages, including formal advisory committees, between OST staff, school staff, community members, and families are established and encouraged. <input type="checkbox"/> Community goals for children, as identified by the county multipurpose collaborative body, ISD, or municipal entities, are incorporated into the program. <input type="checkbox"/> <b>In an exempt program, the board of the school district or intermediate school district or board of directors of the public school academy, in consultation with the director of the program and the principal of the school at which the program is operated, must develop, adopt and annually review a policy concerning the program, that addresses safety procedures, including:</b> <ul style="list-style-type: none"> <li>• First aid;</li> <li>• Food safety;</li> <li>• Discipline;</li> <li>• Dispensing and storage of medication;</li> <li>• Access to student emergency information; and</li> <li>• Access to telephones.</li> </ul> <p><b>Not later than September 1 of each school year, the board of the school district or intermediate school district or board of directors of the public school academy shall adopt and submit to the secretary of the intermediate school board a resolution affirming that the program and the corresponding policies comply with these requirements. In addition, a copy of the policy must be submitted. The policy must be available to the public, including any annual reviews or revisions.</b></p> <input type="checkbox"/> <b>Beginning July 1, 2003, the board of a school district or intermediate school district or board of directors of a public school academy shall ensure that any written information published or distributed by the school district, public school academy, or intermediate school district concerning an exempt out-of-school time program must include a statement in at least 10-point type notifying the public whether the program follows or deviates from the model standards established in this document.</b>
C. The budget established reflects input from appropriate stakeholders, utilizing a process that is inclusive and comprehensive.	<input type="checkbox"/> The budget development process includes the program director, other school administrative staff and the district/agency budget staff.

D.	Fund development, revenue, and fiscal management systems are planned for and implemented to provide for a high-quality program supporting these standards.	<input type="checkbox"/> Revenues and expenses are reported and monitored utilizing effective business office procedures. Fees are established to support quality programming. Grant funds, Family Independence Agency subsidies, scholarships and donations are used to support program goals.
E.	The program has developed a policies and procedures handbook for parents and staff.	<input type="checkbox"/> Clear, concise, thorough handbooks are developed, updated regularly and given to each parent and employee (one for parents and one for staff). The policies and procedures are administered in a consistent and equitable manner and include at least: <ul style="list-style-type: none"> <li>• enrollment policies;</li> <li>• adult behavior expectations;</li> <li>• attendance policies (including sign-in/sign-out procedures);</li> <li>• administration and handling of medications;</li> <li>• emergency contingency plans; and</li> <li>• behavior management procedures.</li> </ul>
F.	A system of regular program evaluation is established and used for on-going program improvement.	<input type="checkbox"/> At least twice a year, staff, children, and parents are given the opportunity to evaluate the program and the results are used for systematic program improvements.
G.	Program management training is in place for site directors/supervisors.	<input type="checkbox"/> Professional development is planned for and implemented to include: <ul style="list-style-type: none"> <li>• program content;</li> <li>• program delivery system; and</li> <li>• methods for working effectively with children, parents, and staff.</li> </ul>

<b>VI. Single-Purpose Programs</b>	
<b><u>Standard:</u></b>	<b><u>Quality Indicators:</u></b>
A. Programs that are established to provide one type of activity for a limited time period meet minimum requirements to ensure students' health and safety.	<input type="checkbox"/> Standards I.A.-I.H. and II.A. and II.B. are met.
B. Programs are appropriate for the students enrolled.	<input type="checkbox"/> Activities are age appropriate. <input type="checkbox"/> Activities meet the learning styles and interests of the enrolled students.
C. Appropriate staff members are present at all times.	<input type="checkbox"/> At least one adult is present at all times. <input type="checkbox"/> Staff members have specialty expertise relevant to the content/skill of the program being offered.

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# **The Effects of the Michigan School Readiness Program on Young Children's Abilities at Kindergarten Entry**

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## **The Effects of the Michigan School Readiness Program on Young Children's Abilities at Kindergarten Entry**

### **Executive Summary**

This study measures the effects of the Michigan School Readiness Program (MSRP) on entering kindergartners' academic skills using an innovative research model. Language (receptive vocabulary), early literacy and early math skills were assessed in a sample of 865 children from across Michigan. We find that the Michigan School Readiness Program has statistically significant and meaningful impacts on children's early literacy and mathematical development.

Specifically:

1. The MSRP produces an increase in children's vocabulary scores of over 3 raw score points, 24 percent more growth over the year due to the program (and a 6 percent increase over children's average vocabulary scores). This improvement translates into an additional two months of progress in vocabulary growth due to the program. This outcome is particularly important because the measure is strongly predictive of general cognitive abilities.
2. Children who attended the MSRP scored higher on a test of early math skills. The MSRP increased children's math scores by over 2 raw score points, 64 percent more growth over the year due to the program (and a 21 percent increase over children's average math scores). Skills tested include basic number concepts, simple addition and subtraction, telling time and counting money.
3. The MSRP has large effects on children's understanding of print concepts. The program increased children's print awareness scores by over 22 percentage points, more than doubling growth over the year due to the program (and a 63 percent increase in children's average print awareness scores). Children who attended the MSRP before entering kindergarten knew more letters, more letter-sound associations and were more familiar with words and book concepts.
4. We found no significant effects on a measure of children's skills in phonological awareness. As this measure is relatively new, it is difficult to determine the extent to which the result is due to a true lack of program effects.

The MSRP evaluation is part of a larger multi-state study of the effects of state-funded preschool, which includes 5071 preschool and kindergarten children sampled across four additional states – New Jersey, Oklahoma, South Carolina and West Virginia.

## **Introduction**

State-funded preschool programs have become increasingly common across the country, having been established to some extent in up to 40 states. While myriad services these programs may provide to families are influenced by complex parental needs which may include longer hours, transportation, health services and the like, the main goal of all state-funded preschool programs is the preparation of young children for the increasingly rigorous challenges of kindergarten. Effective preschool programs lay a foundation for children's subsequent school success by imparting the basics – colors, shapes, numbers, letters, how to look at a book, how to get along with classmates, how to live by the rules in school - sending children to kindergarten with solid successes in preschool and the real confidence that success creates. As the number of state funded preschool programs grow, it is important to determine how effective these programs are in improving children's potential for school success.

### **The MSRP Context**

The MSRP is targeted to at-risk children and is well established. The MSRP served 25,712 children in FY '04 using \$85 million in state funding. The state serves at-risk 4-year-olds in public schools, Head Start programs and private centers. Operated under the auspices of the Michigan Department of Education, the program requires teachers in public school settings to hold a bachelor's degree. The teacher-child ratio is 1:8 and the maximum number of children is 18 to a class. At least half the children in this program must meet the income eligibility criteria as well as at least one other risk factor from a list of 25 possible factors. A child may also attend if he or she does not meet the income eligibility criteria but exhibits at least two of 25 risk factors.

## **Methods**

### **Study Design**

The MSRP evaluation is based on regression-discontinuity (RD) design, a statistical model with several strengths. The design addresses one of the most vexing problems in educational research, that of selection bias. Typically, program effects are estimated by comparing the test scores of children who attended a program with the scores of similar children who did not go. Where programs are universal, the problem of finding a "comparable" group of children who did not go to preschool is obvious. Yet, even where programs target only some children, a problem remains: those who go to preschool are *not* the same those who do not. Preschool programs that target specific types of children create these differences, but differences also come about because some parents choose to enroll their children and others do not. In sum, children who go to preschool differ from those who do not because programs select children and families select programs.

Our approach is to compare two groups of children who select (and are selected by) the state program, using a fairly stringent age cutoff for enrollment eligibility to define groups. This concept is easier to understand when considered in the extreme case: consider two children who differ only in that one was born the day before the age cutoff and the other the day after. When both are about to turn five years old the slightly younger child will enter the preschool program and the slightly older child will enter kindergarten having already attended the preschool program. If both are tested at that time, the difference in their scores can provide an unbiased estimate of the state preschool program's effect. Obviously, if only children with birthdays one day on either side of the age cutoff were included in a study, the sample size would be unreasonably small. However, the approach can be applied to wider age ranges around the cutoff. In fact, all children entering kindergarten from the state preschool program, and all children beginning preschool in the same year can be included using RD statistical techniques that adjust for the effects of age. This RD approach reduces the likelihood that selection bias has an appreciable impact on our results.

The research question of interest is whether attendance in the state-funded preschool program at age 4 has an impact on children's academic skills at kindergarten entry. This question is addressed with identical methods and measures across five states: Michigan, New Jersey, Oklahoma, South Carolina and West Virginia. The programs in Michigan, New Jersey and South Carolina are targeted to at-risk children while the programs in Oklahoma and West Virginia are universal. Each state program is unique, but all required licensed teachers with four-year college degrees and certification in early childhood (with minor exceptions in Michigan).

### **Sampling Strategy**

To choose a sample of children we first randomly selected state-funded preschool classrooms from a list of the total number of state-funded preschool classrooms across the state. We then sampled the same number of kindergarten classrooms as preschool classrooms within the districts from which the preschool classrooms were selected. From each of these classrooms we then randomly selected approximately four children.

Trained research staff from the High/Scope Educational Research Foundation visited each sampled program site, selected children into the sample using a procedure to ensure randomness, and conducted the child assessment as early as possible in the school year. A liaison at each site gathered information on the children's preschool status, usually from existing school records but occasionally from parent report, and was reimbursed \$5 per selected child.

### **Sample**

As mentioned above, the evaluation requires two groups of children. One group currently attending kindergarten who attended the state-funded preschool program the previous year is called the "Preschool" group or the experiment group. The second group currently attending the state-funded preschool program is called the "No Preschool" group, or the control group. This group is called the "No Preschool" group despite the fact that they are currently

enrolled in the state-funded preschool program, because they are at the very beginning of their preschool year and have not had the preschool “treatment” yet.

In Michigan, an initial random sample of 144 preschool classrooms across the entire state was drawn, and a matching number of kindergarten classrooms were then randomly selected by district. The initial sample included 71 districts. The Detroit school district required a separate study proposal which was denied; therefore the 40 sample classrooms originally drawn from Detroit were distributed across Michigan’s other large urban districts. As a result of district, school or classroom refusals (not including Detroit) data was gathered from 206 classrooms, with an average of four children per class. The total sample size in Michigan is 865 children, 481 in the No Preschool group and 384 in the Preschool group. The sample is 46 percent male, and includes children of different ethnicities in numbers that closely represent the overall state percentages, as follows: White children, 57 percent of the sample; African-American, 25 percent, Hispanic, 12 percent, Asian, 2 percent, American Indian, less than 1 percent; and all other ethnicities, 4 percent.

Findings for the Michigan sample are not directly comparable to findings from the larger study sample of 5071 children including the four additional states because of differences across programs (for instance, children in other states may begin state-funded preschool at age 3) and other circumstances that affect the experiences of children who do not attend state-funded preschool programs. The larger sample is 48 percent male with ethnicities as follows: White children, 47 percent, African-American, 25 percent, Hispanic, 21 percent, Native American, 2.5 percent, Asian, 2 percent; and all other ethnicities, 2 percent.

## **Instrumentation**

### **Receptive Vocabulary**

Children’s receptive vocabulary was measured by the Peabody Picture Vocabulary Test, 3<sup>rd</sup> Edition (PPVT-3) (Dunn & Dunn, 1997). The PPVT is commonly used as quick test of IQ and can be used as a rough assessment of general cognitive abilities. The PPVT is a direct measure of vocabulary size and the rank order of item difficulties is highly correlated with the frequency with which words are used in spoken and written language. The test is adaptive (to avoid floor and ceiling problems), establishing a floor below which the child is assumed to know all the answers and a ceiling above which the child is assumed to know none of the answers. Reliability is good as judged by either split-half reliabilities or test-retest reliabilities. The TVIP is appropriate for measuring growth in Spanish vocabulary for bilingual students and for monolingual Spanish speakers. Raw scores are reported.

### **Mathematical Skills**

Children’s early mathematical skills were measured with the Woodcock-Johnson Tests of Achievement, 3<sup>rd</sup> Edition (Woodcock, McGrew & Mather, 2001) Subtest 10 Applied Problems. Subtests of the Woodcock-Johnson are reported to have good reliability. Raw scores are reported.



### **Phonological Skills and Print Awareness**

Phonological skills development was measured using the Blending subtest of the Preschool Comprehensive Test of Phonological & Print Processing (Pre-CTOPPP; Lonigan, Wagner, Torgeson & Rashotte, n.p.) The Pre-CTOPPP was designed as a downward extension of the Comprehensive Test of Phonological Processing (CTOPP; Wagner, Torgeson & Rashotte, 1999), which measures phonological sensitivity in elementary school-aged children. Although not yet published, the Pre-CTOPPP has been used with middle-income and low-income samples and includes a Spanish version. Since the Pre-CTOPP has only been very recently developed, very little technical information is available about its performance and psychometric properties.

The Blending subtest includes items that measure whether children can blend initial phonemes onto one-syllable words, initial syllables onto two-syllable words, and ending phonemes onto one-syllable words. The percentage of items the child answered correctly out of the 21 total subtest items is reported.

Print Awareness was measured using the Print Awareness subtest of the Pre-CTOPPP. Items measure whether children recognize individual letters and letter-sound correspondences, and whether they differentiate words in print from pictures and other symbols. The percentage of items answered correctly out of the 36 total subtest items is reported.

## **Results**

The main results for the effects of Michigan's program are displayed in individual figures for each outcome measure. Each figure displays a regression line of the children's predicted test scores by the distance away in days their birth date is from the program enrollment cut-off date. The discontinuity in the regression line at the cut-off date is the estimated effect of the MSRP.

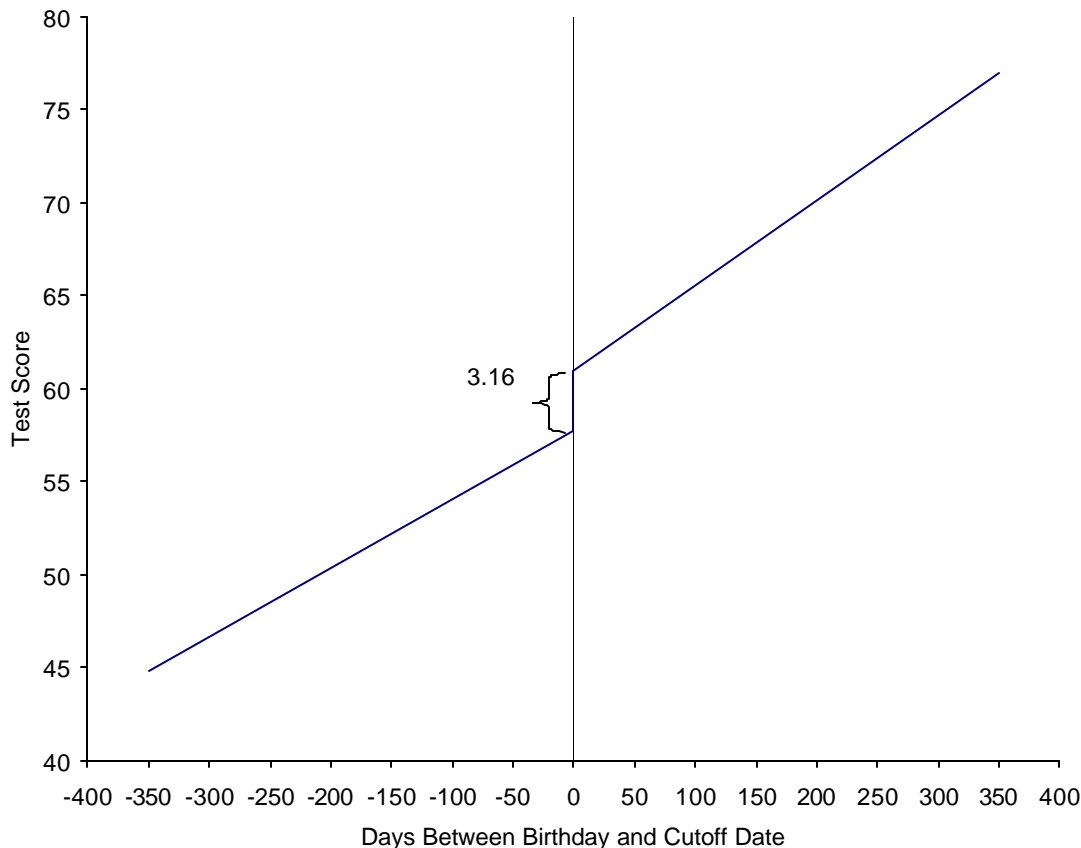
### **Receptive Vocabulary**

The estimated effect of state-funded preschool on children's receptive vocabulary as measured by the PPVT is statistically significant. Attending the MSRP program at age 4 is estimated to increase PPVT scores by about 3.16 points. For children of preschool and kindergarten age on this measure raw score points translate into about the same number of standard score points, so the improvement is about 21 percent of a normed standard deviation. The effect of the program can also be understood as 24% more growth over the year or a 6 percent increase in children's average vocabulary scores.

Age equivalence scores provide a measure of children's vocabulary knowledge using a normed estimate of the average age of children who score the same. Results indicate that the average improvement due to the MSRP is approximately an additional two months of vocabulary development.

Figure 1 below portrays a regression line of the children's predicted PPVT scores by the distance in days their birth date is from the program enrollment cut-off date. The discontinuity in the regression line at the cut-off date represents the estimated effect of the preschool program, or 3.16 raw score points.

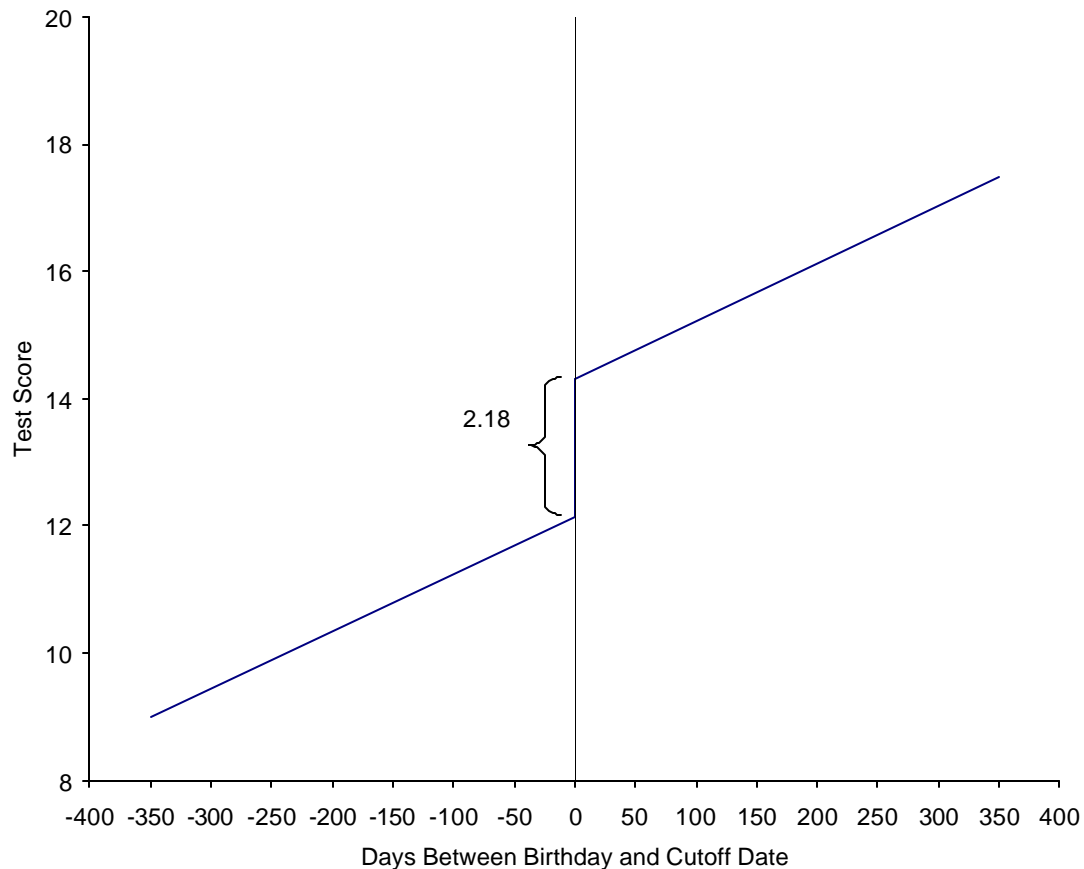
**Figure 1. The Effect of the MSRP on Children's Receptive Vocabulary Scores**



### **Math Skills**

The effect of state-funded preschool on children's early math skills as measured by the Woodcock-Johnson-III Applied Problems subtest scores is statistically significant for the MSRP. The increase in scores for children in MSRP due to the program is worth about 2.18 raw score points. One raw score point roughly translates into 3 standard score points for children of preschool and kindergarten age, so the effect of MSRP is equivalent to about 6.5 raw score points or 44 percent of a normed standard deviation. The effect of the program can also be understood as 64 percent more growth or a 21 percent increase in children's average math scores.

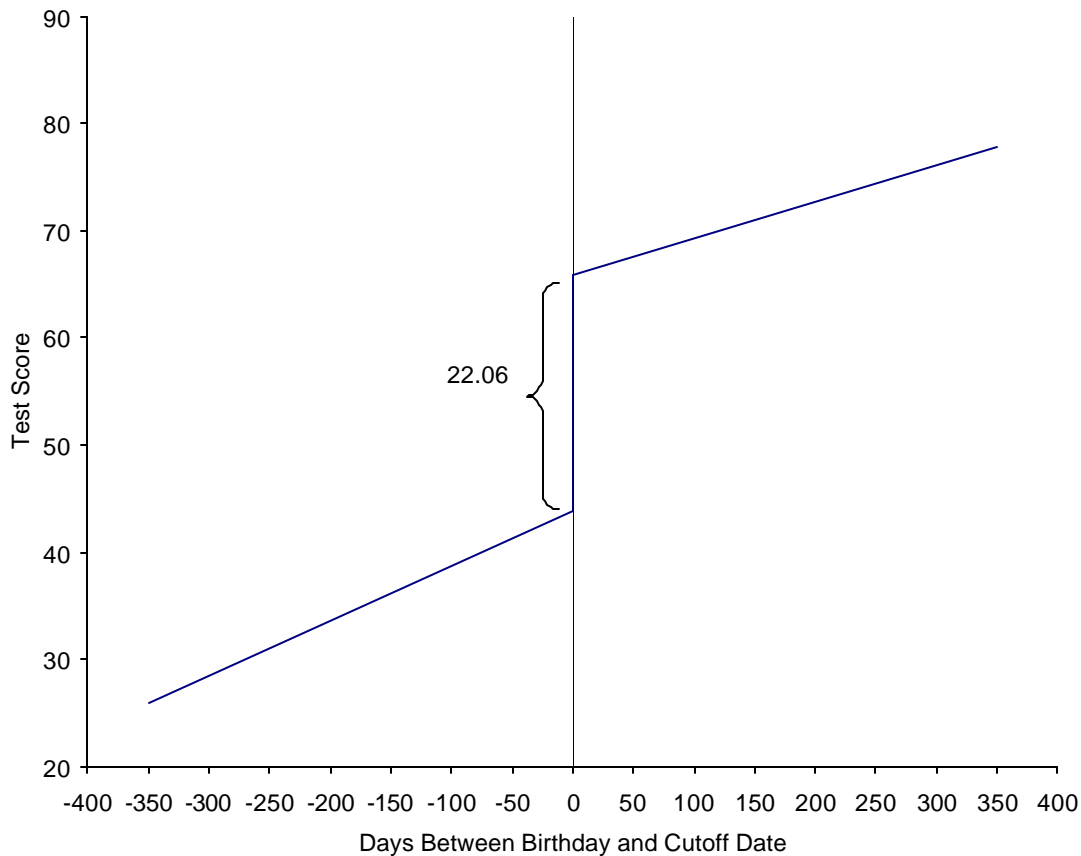
Figure 2 below portrays a regression line of the children's predicted Applied Problems scores by the distance in days their birth date is from the program enrollment cut-off date. The discontinuity in the regression line at the cut-off date represents the estimated effect of the preschool program, or 2.18 raw score points.

**Figure 2. The Effect of the MSRP on Children's Early Math Scores**

### **Print Awareness**

The effect of state-funded preschool on children's Print Awareness scores is statistically significant for the MSRP. The effect of the MSRP on children's scores is an increase in the average number of items correct of just over 22 percent. This increase is equivalent to approximately one whole standard deviation on the Print Awareness subtest. The effect of the program can also be understood as 117 percent more growth or a 63 percent increase in children's average print awareness scores.

Figure 3 below portrays a regression line of the children's predicted Print Awareness scores by the distance in days their birth date is from the program enrollment cut-off date. The discontinuity in the regression line at the cut-off date represents the estimated effect of the preschool program, or 22.06 percent more items answered correctly.

**Figure 3. The Effect of the MSRP on Children's Print Awareness Scores**

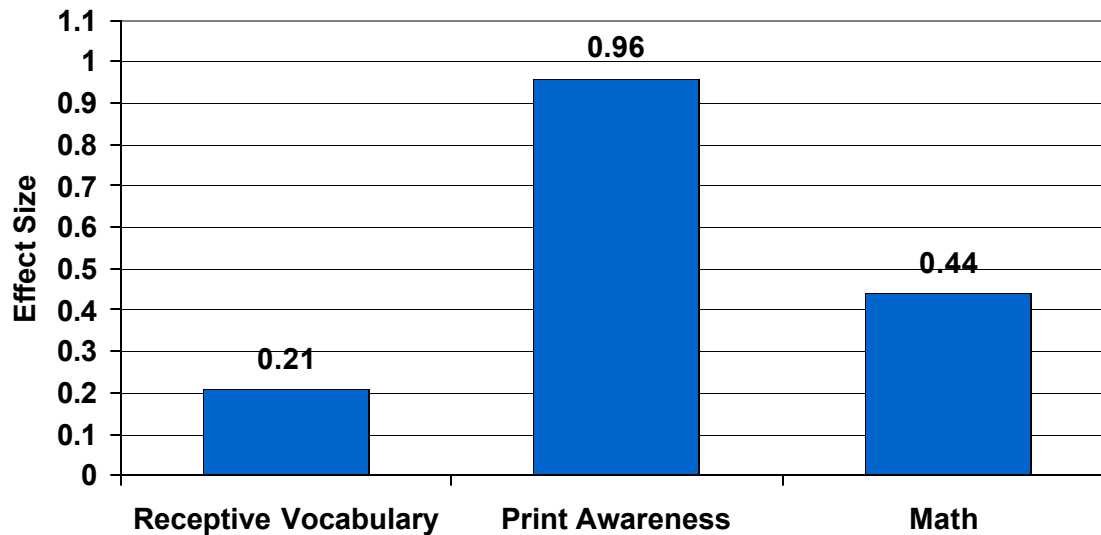
### Phonological Skills

Results indicate that the effect of the MSRP and state-funded preschool overall on children's phonological development scores is minimal and not statistically significant. While the difference in Blending subtest scores between the groups may seem large (64.44 percent of items correct for the No Preschool group versus 76.77 percent for the Preschool group), the difference due to the program is not statistically different from zero. The remainder of the difference is most likely accounted for by the fact that the Preschool group children are older than the No Preschool group children, and they have developed the skills to score higher outside of the preschool program.

## **Summary**

By way of summary, Figure 4 below portrays the effect sizes of the impact of state-funded preschool programs on children's receptive vocabulary, print awareness and math scores. These effect sizes are another way of standardizing the estimated effects of the program so that they may be compared to estimated effects in other studies.

**Figure 4. The Effect of the MSRP on Children's Scores across Measures**



## **Preschool Effects and Family Income**

Family income, measured by whether children qualified for free or reduced price lunch status as reported by the school, was not included in the primary analyses presented here because missing data on this measure reduced sample size by nearly 20 percent overall and by more than 50 percent in one state. However, separate analyses were conducted that provide some evidence for a stronger effect of the program on print awareness skills for children from lower income families. This effect approaches significance in the study across all states. Overall, children who qualify for free or reduced price lunch gained about 3 percent more items correct on the print awareness test as a result of the program than did children from higher income families. In two states we found a significantly larger program effect, about 8 percent more items correct, for children from lower income families. Otherwise, results are virtually identical to those presented here when free lunch status is included in the statistical analyses. Michigan's preschool program targets children who are at elevated risk of school failure, and at least 50% must be from low-income families. Of the 77% of sample children for whom we have data, 64% receive free or reduced price lunch.

## Discussion

These study findings provide strong evidence of the positive impact of the MSRP program on children's language, literacy and math skills development. This evidence indicates that the Michigan program produces the kinds of effects that lead to increased school success and later improvements in children's reading and math skills. Meaningful effects were found on children's receptive vocabulary, math and print awareness skills, with the largest effects apparent on children's early print awareness skills. Children's early print awareness and receptive vocabulary skills have been found to predict later reading abilities in the early elementary grades (Snow, Burns, & Griffin, 1998). Thus, the effects found in this study are the first link in a chain that produces the long-term school success and economic benefits documented by preschool studies that have followed children into adulthood (Schweinhart, Montie, Ziang, Barnett, Belfield, & Nores, 2005; Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002; Reynolds, Temple, Robertson, & Mann, 2002).

Important positive effects were found for children's receptive vocabulary, math and print awareness skills, with the MSRP program effects on receptive vocabulary scores very similar to the findings of the overall study. Overall, findings suggest that state-funded preschool programs, including the MSRP program, may produce particularly large effects on children's early print awareness skills.

We did not find that state-funded preschool programs significantly improved children's blending skills, our sole measure of phonological awareness. Perhaps these preschool classrooms did not provide as much support for these skills as they did for language development and print awareness (Lamy & Frede, 2005). In that case, activities and interactions to support children's phonological sensitivity – hearing smaller sounds within the spoken word that may be parsed out and switched for others to create rhymes and alternate endings – may need to be increased. However, additional construct measurement issues may influence this finding. The No Preschool sample children produced higher average scores on this measure than the average scores reported by the instrument authors. Higher scores at preschool entry would mitigate the impact of preschool on those scores at kindergarten entry; however, the fact that even highly disadvantaged children had higher average scores while scoring relatively lower on other measures may indicate that this instrument is not measuring those skills well for children of this age. Our results suggest that more research is needed on the measure itself.

This study's results are consistent with findings from other rigorous studies of state preschool education programs (Gormley et al., 2004; Barnett et al., 2004; Frede & Barnett, 1992; Irvine, Horan, Flint, Kukuk, & Hick, 1982). Where direct comparisons can be made, the size of the impacts is quite similar to those found in the recent study of Oklahoma's program in Tulsa. These estimated effects for state-funded prekindergarten programs are smaller than those found for highly intensive model programs that had much better student-teacher ratios and provided more than one-year of education at age 4 (Barnett, 1998).

The states studied almost universally require prekindergarten teachers to be licensed teachers with BA degrees and certification in early childhood education. Head Start requires that 50 percent of teachers have two-year Associates' degrees and the others must have a Child Development Associate (CDA) credential or its equivalent. A CDA represents 120 hours of training. Public preschool programs with weak standards for teacher qualifications (and low teacher pay) might increase their effectiveness by raising their teacher qualifications standards and compensating teachers accordingly.

In sum, this study finds that the Michigan School Readiness Program produces significant, meaningful improvements in children's early language, literacy and math skills development at entry into kindergarten, similar to the results of other relatively high-quality programs across the country.

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## Executive Summary

The Professional Development Workgroup reviewed research, discussed best practices and developed recommendations related to the objectives outlined in the original proposal submitted to the Joyce Foundation. The objectives addressed by the workgroup and the recommendations included:

1. Conduct a workforce study of existing early care and education providers

*Members of the Professional Development (PD) Workgroup participated in the Child Care Workforce study and provided recommendations on the development, implementation and analysis of the workforce study.*

2. Adopt and implement professional standards, competencies and articulate a career pathway

**The PD Workgroup recommends that The Michigan Early Childhood Care and Education Career Pathway be adopted and then used in conjunction with the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals as a tool to promote and demonstrate the various levels in which a professional may enter and advance within Michigan's Early Childhood Care and Education Professional Development System.**

**The PD Workgroup recommends that the support pieces developed be incorporated into a new layout of the "Core Knowledge and Core Competencies" document and that the updated document be posted on the Early Childhood Investment Corporation (ECIC) web site as well as other web sites that offer information and services to early childhood professionals.**

3. Create an early care and education training and educational opportunities directory

**PD Workgroup recommends that a training directory of professional development opportunities be posted on the ECIC web site and that the training directory follow the suggested format created by the workgroup.**

**The PD Workgroup recommends that the implementation of a training registry be considered as a next step in the continued development of Michigan's Early Childhood Care and Education Professional Development System.**

**The PD Workgroup recommends that the training record be posted on the ECIC web site as one of the professional development items available for early childhood care and education professionals.**

4. Design and Implement a monitoring and oversight entity for the early care and education professional development system

**The PD Workgroup recommends that the Early Childhood Investment Corporation become the oversight entity for the early care and education professional development system.**

5. Use "action teams" within Community Collaboratives to meet needs of the professional development system

**The PD Workgroup recommends that the "Great Start Community Collaboratives" become the locus for developing strategies to support and expand professional development within their communities.**

6. Expand the professional development system to meet the unique needs of day care aides and relative care providers.

**The PD Workgroup recommends that the State develop a mandatory orientation program for Day Care Aides and Relative Care Providers that is culturally sensitive and offers support to the provider.**

**The PD Workgroup recommends that the ECIC allows and encourages non-traditional training delivery models, such as playgroups, home visitation, etc, that address the unique needs of Day Care Aides and Relative Care Providers through its training delivery contracts.**

**The PD Workgroup recommends that State-approved training entities develop informal training through local community Day Care Aide and Relative Care Provider playgroups that is culturally sensitive, accessible within communities, respond to the needs of the providers and address quality child care issues.**

**The PD Workgroup recommends that local community collaboratives engage local community partners who have a vested interest in supporting children and their families, to support the implementation of Day Care Aide and Relative Care Provider playgroups.**

7. Research barriers and solutions to develop a seamless system of articulation.

The sub-committee of the PD Workgroup that investigated this topic recommends that further research, promotion, and support be done to establish a seamless system of articulation as part of an early childhood care and education professional development system.

## II. Introduction

*"While we know that good care is important, the Cost, Quality and Outcomes study (1995) indicates that the quality of care most children receive is "barely adequate." There is still much to be done to give our children the care they deserve. One area which needs attention is the preparation of the workforce" (Planning for Professional Development in Child Care, 2001).*

The North Carolina Institute for Early Childhood Professional Development presents a solid case for Professional Development for child care providers. The Institute has researched quality in child care and the concomitant role of child care provider professional development and it concludes that "...the research initiatives underscore two essential findings: that high-quality child care is important to good outcomes for children, and that caregiver education and training are key to providing good care" (*Planning for Professional Development in Child Care*, 2001).

The individuals who comprise the child care workforce come from diverse backgrounds with a wide range of pre-service preparation for the responsibilities that a caregiver assumes. A professional development system ensures that Michigan's children will receive care from a well-trained, highly professional workforce.

## III. Background

With approximately 680,000 children 0-12 in Michigan needing some form of care while their parents work or attend school and with approximately 360,000 spaces in regulated child care settings, the demand for child care providers outstrips the supply (A Profile of Child Care, 2006) This demand is mitigated somewhat because many parents do not use regulated child care choosing instead to leave the care of their children to a friend or relative. (Often the decision not to use regulated child care is because the regulated child care system may not accommodate the needs/schedule of working parents.)

No matter what type of option a parent chooses, the child care provider has a responsibility to ensure that the child is safe, healthy and receiving the types of developmental stimulation that will promote brain development, appropriate social and intellectual skills and a thirst for learning. Given the diversity of backgrounds and experience of individuals who work in child care, the success at which providers achieve the goals and meet the needs of children in care is varied. As stated above and reinforced by two decades of research, "the quality of care most children receive is 'barely adequate.'" Since there is a high correlation between professional development and quality in early childhood care settings, child care

providers must have ample opportunities to pursue professional development activities to improve their skills.

For many years, Michigan shared the bottom-rung position with one other state when looking at pre-service and in-service professional development requirements as defined in child care licensing rules. In 2005-2006, the Office of Child and Adult Licensing/Child Day Care Licensing of the Michigan Department of Human Services created "licensing advisory committees" for both center care and for family child care and established both pre- and in-service training requirements for personnel who work in child care. As a result of the rule improvements, every child care provider must meet both pre-service and annual in-service training requirements.

Equally important, the agencies that offer professional development services have operated somewhat "in the dark" in terms of trying to meet the needs of the child care provider population because Michigan has not had an accurate profile of the child care workforce. While trainers and others involved in promoting professional development have not had the advantage of a child care workforce study to help define short- and long-term professional development strategies, they have nonetheless used provider training needs surveys and training feedback forms to help identify areas of emphasis. A statewide child care workforce study will provide clear direction for the organizations and agencies that offer professional development opportunities by establishing base-lines of data related to the provider population. (The Early Childhood Investment Corporation funded a child care workforce study in 2006. The results of the study will be available in the summer of 2007.)

#### IV. History

At the request of the Governor's Children's Action Network and working with the Michigan Council of Foundations in implementing the Joyce-funded grant, the Michigan 4C Association formed a Professional Development Workgroup in 2005 to explore and develop strategies for improving professional development activities and opportunities in Michigan. (The list of workgroup members is Attachment A.) The overall goal was to: "Increase the number of preschool programs across settings that are staffed by **well-prepared professionals.**"

Since the Michigan Council of Foundations oversaw the work of a number of organizations in implementing the Joyce-funded grant, the grant partners developed the name "**Early Learning Michigan**" to distinguish the efforts from other initiatives.

The PD Workgroup met monthly during the two years of the grant. The Michigan 4C Association facilitated the discussions and engaged a consultant who was able to research ideas and work under the direction of the workgroup members. The

proposal to the Joyce Foundation outlined activities and objectives to address professional development in Michigan.

- A. Collect data on early childhood workforce in Michigan
- B. Adopt and implement professional standards, competencies and articulate a career pathway
  - 1) Promote Michigan document on core competencies and MiAIMH document on professional certification
  - 2) Collect competency and career pathway information from other states
  - 3) Test elements of core competencies (through the University of Michigan "Great Start Professional Development Improvement" grant)
  - 4) Develop a pathways model
  - 5) Research barriers and solutions to develop incentives for PD pathways
- C. Assure that barriers and issues (i.e. Head Start, MSRP, child care centers, family homes, group homes, etc.) are considered in recommendations for PD system (increased training and education, issues of articulation, entry into pathway and incentives, etc.)
- D. Create and compile a Directory of Training and Educational Opportunities
  - 1) Identify a web-based location for training venues
  - 2) Collect or develop additional pieces for updates
- E. Create a web-based training registry to record training milestones of child care professionals.
- F. Design and Implement a monitoring and oversight entity for the early care and education professional development system
  - 1) Discuss model options
  - 2) Develop a model for Michigan.
- G. Expand the professional development system to meet the unique needs of day care aides and relative care providers.
  - 1) Research other state initiatives re: Aides and Relatives training
  - 2) Research mentoring models, playgroup models
- H. Research barriers and solutions to develop a seamless system of articulation for training (formal and informal)
  - 1) Create a grid to demonstrate the extent of articulation
  - 2) Identify barriers for colleges
  - 3) Explore ways to eliminate barriers

The PD Workgroup went through each of the activities and worked to prepare documents and/or recommendations reflecting the consensus of the PD Workgroup members.

#### V. Work of the Professional Development Workgroup

In 2005 and 2006 the PD Workgroup conducted broad-reaching research on best practices for professional development in the field of early childhood care and education. Often, the first source of information was the national Child Care Bureau's "National Child Care Information Center." The National Child Care Information Center had summaries of research and best practices for the states. The research team used this information to follow-up and to conduct further research among the states that seemed to have the best practices. Based on the findings of that research, the PD Workgroup developed recommendations, tools and models to enhance and standardize professional development opportunities for Michigan's early childhood care and education workforce.

The summary of work conducted by the PD Workgroup in 2005-2006 responds to and aligns with the initial recommendations that were made to the Children's Action Network in December 2005.

#### **Objective 1: Conduct a workforce study of existing early care and education providers**

The Early Childhood Investment Corporation awarded a contract to Public Sector Consultants (PSC) as the organization that would carry out the study. Michigan had never before conducted a full-scale early childhood care and education workforce study.

PSC convened a workforce study advisory group and developed four different surveys for 1) child care center directors, 2) family and group family child care providers, 3) center staff and 4) in-home aides and relative caregivers.

The goals of the study were:

- "To establish a baseline of the characteristics generally found in the early care and education workforce" and
- "To serve as the basis for a range of child care and education quality initiatives under development by the Early Childhood Investment Corporation (ECIC)" (The Michigan Early Childhood Workforce Study. June 12, 2006.)



As the researchers at PSC used the workforce study advisory group to inform the process, the products of the study became:

- Demographic characteristics of providers
- Rates of pay and staff benefits
- Previous child care experience of staff
- Staff educational attainment
- Staff job satisfaction
- Staff turnover
- Provider retention policy/strategy
- Provider recruitment policy/strategy

The results will provide insights into the make up of the child care workforce. With the data, researchers and policy leaders will have an accurate profile of the child care workforce that heretofore has been mostly anecdotal. Prior to the study, researchers and policy leaders had to “piece together” a profile of the child care workforce. The results were rarely sufficient. Some of the information came from different data sources but it has rarely been “Michigan-specific” or it has been collected using different definitions. For instance, defining the educational preparation of individuals who work in child care has been mostly anecdotal. Leaders and trainers offered courses and used the provider response as a means of determining whether the course was relevant. The breadth of efforts to improve child care professional development must focus on addressing the professional development needs of individuals who work in early childhood care and education, not on whether the providers show up for a course.

The director of the Michigan 4C Association met with staff from the PSC to explore how best to support the research. (The MI4C dedicated \$20,000 of funds from its portion of the Early Learning Michigan budget to support the workforce study.) These funds will support additional data analysis.

Public Sector Consultants expects to distribute the report by July 2007.

## **Objective 2: Adopt and implement professional standards, competencies and a career pathway**

- *Require that providers who work in the field have an established set of competencies*

In March 2005, The Children’s Cabinet adopted the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals developed by child care providers, 4C trainers and community college professors of child development. Prior to the presentation of the document to the Children’s Cabinet, the Core Knowledge and Core Competencies for Early Childhood Care and

Education Professionals had been presented to the Michigan Early Childhood Professionals Consortium for review and was adopted by the Consortium.

To enhance this document and make it more user-friendly, the PD Workgroup created support pieces to accompany the core knowledge and core competencies.

*(insert support pieces about here)* These support pieces offer information on the importance of core knowledge and core competencies in an early childhood professional development system, how the core knowledge and core competencies can be used by various early childhood professionals, and how the core knowledge and core competencies document is connected to other aspects of Michigan's Early Childhood Care and Education Professional Development System.

The PD Workgroup reviewed models of core knowledge and core competencies documents from other states for suggestions on format, content and layout. The First Edition of the Kansas and Missouri Core Competencies for Early Care and Education Professionals, 2001 was used as a main reference tool when creating the support pieces.

**The PD Workgroup recommends that the support pieces it created be incorporated into a new layout of the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals document and that the updated document be posted on the ECIC web site as well as other web sites that offer information and services to early childhood professionals.** Once in place, the Core Knowledge and Core Competencies document will serve as the framework for Michigan's Early Childhood Education and Care Professional Development System by providing indices of the skill sets needed for individuals to be successful and qualified child care providers.

- *Adopt a Career Pathway to be used by Great Start Collaboratives as they work with providers to engage them in the early care and education professional development system.*

In the development of documents and recommendation for a career pathway, the staff conducted web-based research by exploring the states that have developed and implemented excellent models of a career lattice/pathway as part of a professional development system. By utilizing information from the National Child Care Information Center, 12 states were identified and in depth research was conducted on each of their professional development systems. Those states included: Arizona, Connecticut, Illinois, Iowa, Kentucky, Maine, Missouri, Nebraska, Pennsylvania, Wisconsin, West Virginia and Wyoming. After reviewing information from all 13 states, 3 career lattice/pathway models were chosen and presented to the PD Workgroup. The PD Workgroup then used the 3 models to

design a career pathway for Michigan's Early Childhood Care and Education Professional Development System. (Appendix F) After numerous meetings, discussions and design efforts a draft of the Michigan Early Childhood Care and Education Career Pathway was developed. The career pathway incorporates the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals, Michigan's Child Day Care Licensing Rules and Regulations, as well as the recommended Quality Rating and Information System.

As part of the design process, Michigan 4C training staff, MSU Extension Better Kid Care staff, Michigan Department of Education staff, Child Day Care Licensing staff and Lansing Community College's Child Development staff reviewed a draft of the career pathway. The PD Workgroup was specifically interested in getting feedback on how the pathway was interpreted, the ease of its use and whether or not it included all the necessary aspects. The comments and suggestions received from the individuals who evaluated the career pathway were taken into consideration and then incorporated to improve the document.

(insert the career pathway about here)

**The PD Workgroup recommends that The Michigan Early Childhood Care and Education Career Pathway be adopted and then used in conjunction with the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals as a tool to promote and demonstrate the various levels in which a professional may enter and advance within Michigan's Early Childhood Care and Education Professional Development System.**

The Early Childhood Care and Education Career Pathway provides a visual depiction of the steps and aspects of career development and works as a "short hand" support for the very comprehensive Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals document.

**Objective 3: Create an early care and education training and educational opportunities directory**

- *Establish a base-line directory with links to the appropriate organization and entity offering training.*

The development of a training directory began with the PD Workgroup trying to create a list of all the current early childhood care and education training opportunities. As the workgroup began to list the many entities offering a wide variety of training, the group realized the task was much more difficult than they initially thought. The group then determined that a more realistic goal would be to

create a web-based directory with links to the specific training organizations and the training they offer.

A format for a training directory was developed based on research of early childhood professional development training directories that have been created in other states. Several models were reviewed including those from Delaware, Connecticut, Wyoming, West Virginia, Wisconsin, Pennsylvania, Georgia and the United Kingdom. The web-based training directory from each of these states was evaluated for ease of use and providing desired results. The model that was found to be the most user-friendly and efficient was the Georgia Childhood Care and Education Professional Development Calendar. Georgia's format was used by the PD Workgroup as a guide to create a training directory model for Michigan that would meet the needs of Michigan's Early Childhood Care and Education Professionals. (*Insert the training directory schematic about here*)

The PD Workgroup identified several websites that might serve as locations to post the training directory. It was determined by the group that the most logical and appropriate site would be the ECIC web site. **The Professional Development Workgroup recommends that the training directory be posted on the ECIC web site and that the training directory follow the suggested format created by the workgroup.**

A web-based training directory would provide a quick and easy to use reference for child care providers who were looking for professional development opportunities. The provider would be able to search at least by date or location to find the training programs being offered that were convenient to the provider. The ECIC will need to define a protocol on how and on who would be able to post training information at the web-based training directory.

In addition to discussing the training directory, ideas and questions surfaced about how a training registry would align with Michigan's Early Childhood Care and Education Professional Development System. Extensive research was done by the workgroup to explore ways of recording the professional development achievements of child care providers. One of the first activities resulted in a meeting with staff from the Michigan Department of Education to discover whether the school personnel database, which maintains a comprehensive record of the educational attainments of all school personnel, would be an appropriate locus for recording the achievements of child care providers.

The PD Workgroup also discussed the databases maintained by community-based training entities. Both Michigan 4C and MSUE maintain databases on the individuals who have completed training with those organizations. The drawback

identified by the workgroup members is that the database serves as a record for only the child care providers who have attended training. These databases do not record the professional development achievements of child care professionals who have not attended training offered by these organizations.

To get a clear picture of the necessary components of a training registry, the PD Workgroup looked at training registries from other states. As part of this research, the consultant on the project conducted a telephone conversation in April 2006 with Jere Walden from Wisconsin to learn more about The Registry (Ms. Walden had led a workshop on training registries at the National Association of Child Care Resource and Referral Agencies (NACCRRA) conference in March of 2006.

(Appendix H). The workgroup studied documents and information from Wisconsin's *The Registry* and then compiled a list of questions to ask. After the phone conversation, the workgroup continued to discuss the development of a training registry for Michigan's Early Childhood Professional Development System. One of the suggestions for funding a training registry is to charge a fee to the professionals who join or list their professional development activities on the registry. Although the workgroup was not opposed to this idea, there was consensus that Michigan's early childhood professionals are currently dealing with a number of changes to the system such as new licensing rules and it may be unfair to impose additional fees and requirements. In the end, the PD Workgroup determined that a training registry was not feasible due to the cost and time that would be needed for development, operation and maintenance. **The PD Workgroup recommends that the implementation of a training registry be considered as an additional support in the continued development of Michigan's Early Childhood Care and Education Professional Development System.**

While the PD Workgroup felt that a training registry was not practical and would be an additional financial burden for child care providers, members agreed that a training record should be created as a document to be used by individual early childhood professionals to record training and other professional development activities. The PD Workgroup looked at the Training Record for Family/Group Child Care Homes that had been developed by the State of Michigan Department of Human Services, Office of Child and Adult Licensing, Division of Child Day Care Licensing as a means for confirming that child care providers meet the new training requirements for licensing. Examples of professional development records from Kansas/Missouri, Pennsylvania and West Virginia were also studied. Using the Training Record created by the Division of Child Day Care Licensing as a template, the workgroup created an Early Childhood Care and Education Professional Development Record. (Appendix I) The training record incorporates Child Day Care Licensing training requirements and aligns with the Michigan Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals. Digital copies of the training record have been shared with

organizations that offer community-based training as well as Child Day Care Licensing consultants so they may begin to distribute the training record to child care professionals for use. **The PD Workgroup recommends that the training record be posted on the ECIC web site as one of the professional development support items available on the web for early childhood care and education professionals.**

*(Insert the training record about here)*

The training record form will be an easy and efficient way for child care providers to keep a record of the professional development activities in which they have engaged. It will also serve to demonstrate to Child Day Care Licensing consultants how the provider has met the annual training requirements for Child Day Care Licensing.

#### **Objective 4: Design and implement a monitoring and oversight entity for the early care and education professional development system**

The formation of the Early Childhood Investment Corporation signaled a new direction and focus for early childhood education issues in Michigan. The ECIC became the entity that monitors and administers most of the Child Care Development Fund “quality” dollars. The ECIC thus became the agency where many of the federally-funded activities carried out in Michigan that related to improving the quality of child care resided. The ECIC not only distributes funds to address the goals of improving child care quality, it has initiated work to set standards for the use of federal child care quality-improvement funds. The ECIC will also raise awareness about and contributions to the issues of improving child care and services for children.

The ECIC works to ensure that the funds it distributes are used to implement best practices and collaborative initiatives. Given the important role in improving the early childhood care and education system, **the PD Workgroup recommends that the Early Childhood Investment Corporation become the oversight entity for the early care and education professional development system.**

#### **Objective 5: Use “action teams” within Great Start Community Collaboratives to meet needs of the professional development system**

Creating community-based workgroups that focus on improving resources and services for young children is an integral part of the ECIC’s mission. The Children’s Action Network, working with personnel from the Department of Human Services,

defined how local collaborations should be organized and what issues they may need to address to improve successes among young children.

The Children's Action Network met a number of times over the course of a year to create guidelines and performance standards for the community-based collaborations. The ECIC awards contracts to the Great Start Community Collaboratives to develop plans to address and improve the status, success and health of children birth to age five. Each of the contracts has set a benchmark of developing a community-based assessment of strengths and needs for addressing the broad spectrum of child development in each community (county). Given the important role in assessing needs within a community and the equally important role of marshalling resources for improving the early childhood care and education system, **the PD Workgroup recommends that the "Great Start Community Collaboratives" become the locus for developing strategies to support and expand professional development within their communities.**

**Objective 6: Expand the professional development system to meet the unique needs of day care aides and relative care providers.**

- *Recognize that day care aides and relative care providers may require different strategies and approaches to support their role as caregivers of young children.*

One of the goals of the PD Workgroup was to research and develop a component of Michigan's Professional Development System to include day care aides and relative care providers. To begin the process, extensive research was conducted. For the past several years, unregulated child care that is offered by family, friends and neighbors has been a major public child care policy issue nationwide. Therefore a vast amount of information and research is available on best practices for improving this type of child care. To guide the PD Workgroup in their task of creating recommendations for establishing professional development opportunities for day care aides and relative care providers, information was pulled from the following articles: Family, Friend and Neighbor Care and Early Learning Systems: Issues and Recommendations, Families and Work Institute, Sparking Connections, January 2005; Perspectives on Family, Friend and Neighbor Child Care: Research, Programs and Policy, Bank Street College of Education, December 2005; Supporting Family, Friend and Neighbor Caregivers: Findings From A Survey Of State Policies, Institute for Child Care Continuum, January 2005.

(references in the reference section)

The workgroup gathered information on Arizona's Kith and Kin project. The consultant shared the information garnered from the conversation with the workgroup. Although the project model was interesting and incorporated many of

the best practices suggested by research; the PD Workgroup felt that the expense of the project would restrict Michigan from adopting an exact model.

The Workgroup created recommendations for the Professional Development of Day Care Aides and Relative Care Providers. These recommendations reflect the fact, confirmed by research, that day care aides and relative care providers are motivated by the love they have for the children they care for, often feel isolated in the work that they do, and would like information and access to resources that will help them care for children but are not necessarily interested in traditional, formal training methods. A point that the workgroup stressed throughout the recommendations is that the training offered to day care aides and relative care providers needs to be culturally sensitive and relevant within individual communities. Therefore the Professional Development Workgroup recommended training models broad enough to allow individual communities and organizations the ability to structure the professional development opportunities for day care aides and relative care providers to meet their unique needs.

**The PD Workgroup recommends that the State develop a mandatory orientation program for Day Care Aides and Relative Care Providers that is culturally sensitive and offers support to the provider.**

**The PD Workgroup recommends that the ECIC allows and encourages non-traditional training delivery models, such as playgroups, home visitation, etc, that address the unique needs of Day Care Aides and Relative Care Providers through its training delivery contracts.**

**The PD Workgroup recommends that ECIC-approved training entities develop informal training through local community Day Care Aide and Relative Care Provider playgroups that is culturally sensitive, accessible within communities, respond to the needs of the providers and address quality child care issues.**

**The PD Workgroup recommends that local community collaboratives engage local community partners who have a vested interest in supporting children and their families, to support the implementation of Day Care Aide and Relative Care Provider playgroups.**

**Objective 7: Research barriers and solutions to develop a seamless system of articulation.**

Since all of the colleges and community colleges in Michigan operate as independent entities, articulation between and among colleges is sporadic at best. The Michigan higher education system is different from other states where the



administration of colleges and community colleges is centralized and thus the articulation among colleges and community colleges is facilitated at a central location.

If one expands the definition of articulation to include vocational education programs or community-based training, the situation gets even worse. One may find articulation agreements between one community college and a four-year school in the same community. Some community colleges have articulation agreements with the local 4C office that define a way in which 4C community-based training can translate into credits at the community college. (Baker College with its many campuses across the state is the only instructional institution that has a statewide agreement with the Michigan 4C Association that converts community-based training courses into credits.)

To address the issues of articulation, a sub-committee was formed under the PD Workgroup in September 2006. The members of the sub-committee were specifically chosen for their expertise and knowledge of articulation issues in early childhood care and education. Members provided a cross-representation of the numerous stakeholders who have an interest in articulation, including representatives from 2- and 4-year higher education institutions, community-based training, Teacher Education And Compensation Helps (T.E.A.C.H.) and secondary education career and technical preparation.

The sub-committee's goals were to create a grid to demonstrate the extent of articulation, identify barriers to creating articulation agreements and suggest solutions that would eliminate these barriers.

For the first task, the T.E.A.C.H. Program Director provided a list of current articulation agreements between 2-year community colleges and 4-year universities (Appendix B); Michigan 4C Association shared information on current articulation agreements that the local 4C offices hold with 2-year community colleges (Appendix C) and the Michigan Department of Labor and Economic Growth, Office of Career and Technical Preparation provided a list of secondary education programs that offer early childhood education courses that articulate with 2-year community colleges. (Appendix D) These charts/lists are in the infancy stages of development and do not demonstrate the full extent of articulation as it currently exists in Michigan.

The sub-committee recognizes that additional work needs to be done to create a more comprehensive view of articulation. The sub-committee suggests that further research be done to identify the types of articulation agreements; either direct-credit or articulated-credit, the specific course or courses that are accepted under the articulation agreements and, as in the case of the career and technical preparation programs, which program articulates with what community colleges.

The second task of the articulation sub-committee was to identify barriers and solutions for creating articulation agreements. (Appendix E) This was accomplished through discussion and deliberation that utilized the expertise and experience of the sub-committee members. The sub-committee members reviewed the Cantigny Conference Report Re-Visioning Articulation: Linkages in the Continuum of Students' Success from The Wheelock College Institute for Leadership and Career Initiatives to stimulate ideas and discussion. The sub-committee discussed the possibility of using an exam process for establishing benchmarks for obtaining credits for training not completed by an institution of higher education. The sub-committee agreed that benchmarks tie to the Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals.

Articulation is an extremely complex issue that involves a multitude of stakeholders at various levels. The work that was started by the sub-committee represents only a starting point that provides a foundation on which to build. **The sub-committee recommends that further research, promotion, and support be done to establish a seamless system of articulation as part of an early childhood care and education professional development system.**

#### IV. Successes

- The implementation of a workforce study of existing early care and education providers will present, for the first time in Michigan history, a profile of the ~~child~~ early care and education workforce. The data from the survey will form the basis of developing changes in policies related to improving the quality of the workforce.
- The PD Workgroup agreed that professional standards provide a pathway for early childhood professionals and that the pathway should reflect competencies necessary to be successful.
- The PD Workgroup supported the development and implementation of a Quality Rating System (QRS) (While credit for the success of this activity rests with the QRS workgroup. The ties to professional development create a mutual reinforcement of standards.)
- The workgroup created an Early Childhood Care and Education Professional Development Record, which incorporates Child Day Care Licensing training requirements and aligns with the Michigan Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals. Child Day Care Licensing consultants distribute the training record to ~~child~~ early care and education professionals for use.

#### V. Barriers, issues meriting continued examination

- **The PD Workgroup recommends that the training record be posted on the ECIC web site as one of the professional development items available on the web for early childhood care and education professionals.** The PD Workgroup further recommends that the ECIC website include a directory of training opportunities that child care providers could use to identify potential training opportunities. The site should be searchable by topic, time/date and/or location.
- Aide and relative caregivers need more support and training opportunities. The greatest barrier to success is that the most successful training delivery modes are expensive and the motivation of day care aides and relative care providers to attend training is generally low.

## APPENDICES

### Professional Development Workgroup Membership

Lisa Brewer-Walraven	MI Department of Human Services (DHS) (formerly T.E.A.C.H. Director at Michigan 4C Association)
Lindy Buch	MI Department of Education/Office of Early Childhood Education and Family Services
Jennifer Griffith	Kent Regional 4C
Ros Kirk	Michigan State University
Richard Lower	MI Head Start Association
Mary Mackrain	MI Child Care Expulsion Prevention Project
Tricia McKay	Michigan 4C Association
Keith Myers	MI Association for the Education of Young Children
Susan Neuman	University of Michigan
Kathi Pioszak	DHS/Early Childhood Investment Corporation
Jeremy Reuter	Michigan 4C Association/T.E.A.C.H. program
Marcia Rysztak	Lansing Community College
Karen Shirer	Michigan State University Extension
Jim Sinnamon	DHS/Child Day Care Licensing
J. Mark Sullivan	Michigan 4C Association
Cheryl Thompson	DHS/Early Childhood Investment Corporation
Elaine Williams	Michigan State University/Lifelong Learning
Nancy Willyard	Head Start State Collaboration Project/Early Childhood Investment Corporation



# CHILD DEVELOPMENT AND CARE CLIENT CERTIFICATE/NOTICE

State of Michigan  
Department of Human Services (DHS)

Case Name				
Grantee ID				
Case Number				
County	District	Section	Unit	Specialist
Date			Other ID	

## INSTRUCTIONS:

Please read this form carefully.

The information next to the box(es) checked (✓) applies to you. Disregard the information next to boxes that are not checked.

- On \_\_\_\_\_ you requested Child Development and Care (CDC) services or a CDC Redetermination.
  - ☐ You are eligible for Child Development and Care services. See the authorization information below.
  - ☐ You are **NOT** eligible for Child Development and Care services. See the reason(s) on #4 below:
  - ☐ We need more information to determine if you are eligible for Child Development and Care services. You must provide the following information by \_\_\_\_\_ or your application will be denied:
- ☐ Your Child Development and Care services will change effective \_\_\_\_\_. See the authorization information below.
- ☐ Your Child Development and Care services will be canceled effective \_\_\_\_\_.
- ☐ The above action(s) is being taken for the following reason(s): \_\_\_\_\_

Manual Item Reference(s): \_\_\_\_\_

**AUTHORIZATION INFORMATION: The amount DHS will pay may decrease or stop if your circumstances change or if the Department's policy changes and/or you are no longer eligible for services.**

CHILD'S NAME	PROVIDER NAME	PAY PERIOD DATES		BIWEEKLY MAXIMUM	
		BEGIN	*END	HOURS	DEPARTMENT PAY PERCENT (DP%)

## IMPORTANT:

- THE HOURS AUTHORIZED ARE MAXIMUM HOURS. YOU MAY ONLY USE THE CARE AUTHORIZED SO THAT YOU MAY WORK, ATTEND SCHOOL/TRAINING OR FOR SOCIAL/HEALTH REASONS, AND ONLY IF THE ACTIVITY HAS BEEN APPROVED BY DHS.
- \*If there is all 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.
- If no hours are shown, Child Development and Care services have not been authorized or have been canceled.
- The provider listed above has also been notified of the authorization information for each child. You will not receive benefits after the end date unless you receive another notice that authorizes care.
- The grant amount will vary based on hours authorized, hours of care provided, provider's charge for care, the DHS maximum reimbursement rate and your copay. You are responsible for any amounts not paid by DHS.
- DHS will not issue a grant for more than 100 hours per pay period.
- Care cannot be authorized or reported for vacation periods of the client, child or the provider.
- You must report changes in your circumstances to your DHS specialist within 10 days of the change.
- If the reported change results in a reduction in services, the reduction will be made as soon as administratively possible by the Department without advance notice.
- If benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overissuance, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

Family Independence Specialist	Telephone (   )
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If you have any questions about this action, please contact your Family Independence Specialist immediately. If you wish, you may meet with your specialist and the specialist's supervisor to discuss the reason for this action.

If you believe this action is illegal, you may request a hearing. You may request a hearing within 90 days of the date of this letter. Your request must be in writing, signed by you or your authorized representative, and sent to your local Department of Human Services (DHS) office. You may be represented by an attorney or other person of your choice but this Department does not pay for legal expenses. You may contact your local DHS office to find out if free legal help is available.

If you are currently receiving services and your hearing request is received within 10 days of the date of this notice, your benefits will continue at the present level until the hearing decision is rendered or your authorization period ends, whichever occurs first. However, if the Department's proposed action is upheld in the hearing decision, or the hearing request is withdrawn, or you do not appear for the hearing, you will be required to repay the Department of Human Services any benefits which would not have been received if the hearing had not been requested.

<p>The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.</p>
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**CHILD DEVELOPMENT AND CARE  
CERTIFICATE/NOTICE OF  
AUTHORIZATION**  
State of Michigan  
Department of Human Services (DHS)

Case Name				
Grantee Client ID				
Case Number				
County	District	Section	Unit	Worker
Date			Provider I.D. No.	

**NOTICE TO ALL PROVIDERS:**

- Child Development and Care services are authorized or changed for the children listed below.
- If no hours are shown below, Child Development and Care services have not been authorized or have been canceled.
- Providers are responsible for submitting billing information.
- Providers must bill within 90 days after care is provided to receive payments (centers, homes, relative homes) or for the parent to receive a grant (aides).
- Care cannot be authorized or billed for vacation periods of the client, child or the provider.
- **You may bill only for care that was actually provided** except as otherwise explained in the Provider Handbook and Billing Instructions, DHS Pub-230.
- In no case will DHS grant more than 100 hours per pay period per child.

**IMPORTANT:**

- **The client is responsible for payment of any amounts not paid by DHS.**
- **The grant may decrease or stop if the client's circumstances change or if the Department's policy changes and/or the client is no longer eligible for services.**
- **The grant amount the DHS will pay varies based on care authorized, hours of care provided, your charge for care, the DHS maximum reimbursement rate and the client's copay.**

**AUTHORIZATION INFORMATION:**

CHILD'S NAME	CHILD ID NO.	DATE OF BIRTH	PAY PERIOD DATES		BIWEEKLY MAXIMUM	
			Begin	*End	Hours	Department Pay Percent (DP%)
						%
						%
						%
						%
						%
						%

Comments :

\*If there is all 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.

If benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overissuance, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.




The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

Family Independence Specialist	Local DHS Office	Phone Number
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**INSTRUCTIONS TO PROVIDER:**

- DHS Publication 230, Provider Handbook and Reporting Instructions for Child Care Providers, is available from a DHS office in your area or at: [www.michigan.gov/childcare](http://www.michigan.gov/childcare)

Name (Last, First, Middle )			Former/Maiden Name		
Date of Birth	Sex	Social Security #		Driver's License #	
Residence Address (Number and Street, Apartment Number)		City		State	Zip Code
Mailing Address (If Different From Above)		City		State	Zip Code
Have you ever provided child care services for DHS subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES 			Provider ID Number <input type="text"/>		Telephone Number <input type="text"/>
Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> YES         If yes, for whom? 					
<b>DHS will complete background checks for all day care aide applicants.</b>					
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes         If yes, in what state? 					
Describe the crime(s): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>					

AUTHORITY: PA 280 of 1939.  
COMPLETION: Voluntary  
CONSEQUENCE FOR NONCOMPLETION: Applicant will  
not be enrolled to care for subsidy eligible children.

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**I certify that I meet the following requirements to be a DHS enrolled day care aide provider:**

- I am not the parent or legal guardian of the child needing care, a member of the CDC program group, the CDC applicant/client, or the CDC applicant/client's spouse living in the child's home.
- I may be terminated from or may not be enrolled to care for subsidy eligible children if a criminal or Central Registry background check determines I have been responsible for the neglect or abuse of children in a substantiated Children's Protective Services case, or if I have been convicted of certain disqualifying crimes.
- I am at least 18 years of age and able to read and write.
- I must only care for subsidy eligible children in their home.
- I must not have any untreatable physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I must not have family responsibilities or other obligations that would interfere with providing child care to children.
- I must know how and when to seek help from others, i.e., how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- I must immediately report any suspected child abuse or neglect to Children's Protective Services at the local DHS office.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must not charge the parent/substitute parent more than what I charge the general public.
- I must report to the local DHS office, within 10 days of the occurrence, a change in my mailing and/or residential address, a change where care is being provided and when I stop providing child care for a subsidy eligible child.
- I understand that as part of my billing/reporting requirements I must maintain daily records showing the beginning and ending times of the care I provide for each subsidy eligible child. My employer (the parent/substitute parent) must certify that these records are accurate. I must maintain those records for four years. If asked, I must make those records available to an employee of DHS or the auditor general.
- I understand that if I am also a home help provider to any CDC program group member, the CDC applicant or the CDC applicant's spouse that I may not provide child care for the same period in which home help is provided.
- I may only bill for child care services when a subsidy eligible child is physically in my care (except for qualifying State of Michigan holidays and absences due to a child's illness) and the child is being cared for in his/her own home.
- I must not care for more than 6 children (including my own children) at the same time.
- I must not care for more than 2 children (including my own children) under the age of 12 months at the same time.
- I understand that payment for all DHS subsidy eligible children in my care is limited to 600 hours in a biweekly pay period.
- I must cooperate with the Department in connection with an investigation.
- I understand that if I am found guilty of an intentional program violation, my enrollment may be terminated.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if a DHS subsidy has been overpaid to my employer (the parent/substitute parent) for any reason, extra payments received must be repaid and future payments to my employer (the parent/substitute parent) may be reduced by 20%.
- I understand I will not be authorized reimbursement/payment for care of subsidy eligible children if my provider enrollment is denied or terminated.
- I understand the parent/substitute parent is my employer and is responsible for the employer's share of any employer's taxes that must be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax (FUTA) taxes. My employer (parent/substitute parent) is also required to provide me with a W-2 at the end of the year for tax purposes.
- I understand that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet and abide by the requirements as listed, the Department may deny or terminate my enrollment as a day care aide provider.
- I have read, understand, and meet all enrollment requirements to be a DHS enrolled day care aide provider. I have retained a copy of the requirements for my records.

Provider Signature	Date
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**REQUIREMENTS TO BE A DHS-ENROLLED DAY CARE AIDE PROVIDER**

- I am not the parent or legal guardian of the child needing care, a member of the CDC program group, the CDC applicant/client, or the CDC applicant/client's spouse living in the child's home.
- I may be terminated from or may not be enrolled to care for subsidy eligible children if a criminal or Central Registry background check determines I have been responsible for the neglect or abuse of children in a substantiated Children's Protective Services case, or if I have been convicted of certain disqualifying crimes.
- I understand my enrollment will be denied or terminated and I will not be authorized to care for subsidy eligible children if either of the above is confirmed.
- I am at least 18 years of age and able to read and write.
- I must only care for subsidy eligible children in their home.
- I must not have any untreatable physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I must not have family responsibilities or other obligations that would interfere with providing child care to children.
- I must know how and when to seek help from others, i.e., how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- I must immediately report any suspected child abuse or neglect to Children's Protective Services at the local DHS office.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must not charge the parent/substitute parent more than what I charge the general public.
- I must report to the local DHS office, within 10 days of the occurrence, a change in my mailing and/or residential address, a change where care is being provided and when I stop providing child care for a subsidy eligible child.
- I understand that as part of my billing/reporting requirements I must maintain daily records showing the beginning and ending times of the care I provide for each subsidy eligible child. My employer (the parent/substitute parent) must certify that these records are accurate. I must maintain those records for four years. If asked, I must make those records available to an employee of DHS or the auditor general.
- I understand that if I am also a home help provider to any CDC program group member, the CDC applicant or the CDC applicant's spouse that I may not provide child care for the same period in which home help is provided.
- I may only bill for child care services when a subsidy eligible child is physically in my care (except for qualifying State of Michigan holidays and absences due to a child's illness) and the child is being cared for in his/her own home.
- I must not care for more than 6 children (including my own children) at the same time.
- I must not care for more than 2 children (including my own children) under the age of 12 months at the same time.
- I understand that payment for all DHS subsidy eligible children in my care is limited to 600 hours in a biweekly pay period.
- I must cooperate with the Department in connection with an investigation.
- I understand that if I am found guilty of an intentional program violation, my enrollment may be terminated.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if a DHS subsidy has been overpaid to my employer (the parent/substitute parent) for any reason, extra payments received must be repaid and future payments to my employer (the parent/substitute parent) may be reduced by 20%.
- I understand I will not be authorized reimbursement/payment for care of subsidy eligible children if my provider enrollment is denied or terminated.
- I understand the parent/substitute parent is my employer and is responsible for the employer's share of any employer's taxes that must be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax (FUTA) taxes. My employer (parent/substitute parent) is also required to provide me with a W-2 at the end of the year for tax purposes.
- I understand that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet and abide by the requirements as listed, the Department may deny or terminate my enrollment as a day care aide provider.
- I have read, understand, and meet all enrollment requirements to be a DHS enrolled day care aide provider. I have retained a copy of the requirements for my records.

**Provider retain this page for your records.**